NATIONAL RESEARCH AND DEVELOPMENT PROJECT ON HEALTHY UNIVERSITIES

FINAL REPORT

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MARK DOORIS AND SHARON DOHERTY
UNIVERSITY OF CENTRAL LANCASHIRE

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GLOSSARY

AMOSSHE	Association of Managers of Student Services in Higher Education
BAHSHE	British Association of Health Services in Higher Education
BUCS	British Universities and Colleges Sport
DH	Department of Health
DIUS	Department of Innovation, Universities and Skills
HEA	Higher Education Academy
HEI	Higher Education Institution
HEFCE	Higher Education Funding Council for England
LFHE	Leadership Foundation for Higher Education
NHS	National Health Service
NUS	National Union of Students
PCT	Primary Care Trust
QAA	Quality Assurance Agency for Higher Education
RSPH	Royal Society for Public Health
SCOP	Standing Conference of Principals
TPHN	Teaching Public Health Network
UCEA	Universities and Colleges Employers Association
UCLan	University of Central Lancashire
UPA	Universities Personnel Association
UUK	Universities UK
WHO	World Health Organization

ACKNOWLEDGEMENTS

"There's a huge amount of good work going on out there and I think it's beholden on us now to offer some leadership. There's a massive opportunity at the moment which we mustn't miss. Everything's in the right place – if we don't do it now, things will move on and we'll lose that impetus."
Peter Chell, Healthy FE Adviser, Department of Health

"If we've got Healthy Schools and now a Healthy Further Education Programme, it would be odd if higher education was sitting outside. So I can see benefits in terms of progression, consistency and joining that up."
David Sadler, Director (Networks), Higher Education Academy

"The importance of healthy universities is hinted at in Choosing Health but the why and the how are missing…A national programme…could raise the profile…and give universities something to aim for that can be recognised and measured."
HEI Respondent

"The higher education sector has a critical responsibility to play its part in improving the health and well-being of populations…It makes up a very large workforce; it also has captive within it a very large group of students and learners during the day…So there's something here about being exemplary in how it behaves in promoting health and well-being as an organisation, and secondly how it promotes it through learning and knowledge transfer."
Professor Mala Rao, Head of Public Health Workforce and Capacity, Department of Health

"[Healthy Universities matters not only because] it's important for staff and students now – but because these are the people who are going to become the leaders of industry, our public services, our universities and our voluntary organisations in the future. So, it helps to set the tone and establish a climate within which they are going to be more receptive to these ideas when those students find themselves in positions of influence in due course."
Prof. Richard Parish, Chief Executive, Royal Society for Public Health

"In relation to students, [a Healthy University approach means that] you could develop a coherent framework for lots of service developments and initiatives that at the moment might be approached in a rather disparate way, not making the best use of available resources. So the benefits might be the prioritisation of work and the better use of resources to look at the various elements of the student experience."
Sally Olohan

"It's the idea about the student experience being far more than teaching and learning. If you're healthy and happy, then you're more likely to overcome hurdles than if you haven't got that kind of support…So if you were able to say 'there's something here that's encouraging universities to reach certain standards', then I think that would encourage a lot of people."
Sarah Wayman, Welfare Policy Officer, NUS

ABSTRACT

This report presents the findings of a National Research and Development Project, undertaken by the Healthy Settings Development Unit at the University of Central Lancashire and funded by the Higher Education Academy Health Sciences and Practice Subject Centre and the Department of Health. The aim of the project was to scope and report on the potential for a national programme on Healthy Universities that could contribute to health, well-being and sustainable development.

The project comprised four strands:

- *Literature Review*: A rapid review of relevant academic and policy-related literature conducted in order to clarify theory, scope practice and distil key contextual issues.

- *HEI-level Research*: Comprising an overview audit and follow-up mapping and consultative research, this strand of the project provided an overview of Healthy University activity across English HEIs, generated in-depth data from a purposive sample of universities and explored perspectives on the potential development of a national programme on Healthy Universities.

- *National-Level Stakeholder Research*: Using semi-structured interviews with nine key national stakeholder organisations, this strand of the project mapped current health-related roles and responsibilities and explored views regarding the potential development of a national programme on Healthy Universities.

- *Joint Action Planning and Reporting*: In addition to reporting interim findings at relevant conferences and events, an interactive workshop was held with members of the English National Healthy Universities Network to present findings, validate data, inform the action planning process and secure further buy-in.

The project highlighted that higher education offers enormous potential to impact positively on the health and well-being of students, staff and the wider community through education, research, knowledge exchange and institutional practice. It also suggested that investment for health within the sector will further contribute to core agendas such as staff and student recruitment, experience and retention; and institutional and societal productivity and sustainability.

The research revealed the richness of activity taking place within HEIs and evidenced a rapid increase in interest in the Healthy University approach, pointing to a growing appreciation of the need for a comprehensive whole system approach that can map and understand interrelationships, interactions and synergies within higher education settings – with regard to different groups of the population, different components of the system and different health issues. There is a clear challenge involved in introducing and integrating 'health' within a sector that does not have this as its central aim, is characterised by 'initiative overload', is experiencing resource constraints and comprises fiercely autonomous institutions. However, there is also a widening recognition that such a system-based approach has significant added value – offering the potential to address health in a coherent and joined-up way and to forge connections to both health-related targets and core drivers within higher education.

The report concludes that there is clear demand for national-level stakeholder organisations to demonstrate leadership through championing and resourcing a Healthy Universities Programme that not only adds value within the higher education sector, but also helps to build consistency of approach across the entire spectrum of education. It issues a number of recommendations with a view to responding to the findings and moving forward.

EXECUTIVE SUMMARY

Background

Following a mini-project call on Health Promoting Universities, the University of Central Lancashire was awarded £5,000 worth of funding from the Higher Education Academy Health Sciences and Practice Subject Centre (matched by the Department of Health). The aim of this National Research and Development Project, undertaken during 2008, was to scope and report on the potential for a national programme on Healthy Universities that could contribute to health, well-being and sustainable development.

Literature Review

In order to clarify theory, scope practice and distil key contextual issues, a rapid review of relevant academic and policy-related literature was conducted. The content and findings of the review include a focus on:

- **The higher education sector**: This details key facts and figures and refers to a recent report calling for a higher education mandate that serves the dual purpose of enhancing both personal and collective well-being.
- **Settings-based health promotion**: This summarises the history and development of the approach and describes a conceptual framework characterised by an ecological approach, a systems perspective and a focus on whole system change.
- **Staff, student and community health and well-being**: Noting the importance of considering these three key stakeholder groups, this highlights opportunities offered by higher education for promoting the health of young people at an important stage of life transition; discusses links to current agendas such as widening participation, student experience and community cohesion; highlights the recent attention given to workplace health and the implications for higher education; and considers wider impacts on the well-being of local, regional and global communities.
- **Topic-based health improvement within higher education**: This notes that universities have long served as settings for the delivery of topic-based health promotion, this identifies and summarises primarily policy-related literature relating to a range of key focus areas: drugs and alcohol; mental health and well-being; sexual health; and food and physical activity.
- **Healthy Universities**: This summarises the history and development of the Healthy Universities, provides an overview of the academic and policy-related literature, and outlines models for conceptualising the university as a setting and translating healthy settings theory into practice within the higher education context.
- **Links to key parallel agendas**: This signposts connections to key parallel agendas: higher education policy priorities such as student recruitment, retention and experience, widening participation, and employee performance and productivity; personal and collective wellbeing; and sustainable development and corporate social responsibility.

Methodology

Introduction

The project comprised four strands:

- a literature review
- HEI-level stakeholder mapping, engagement and consultation;
- national-level stakeholder mapping, engagement and consultation;
- joint action planning and reporting.

HEI-Level Research

This strand of the project comprised two stages:

1st Stage Overview Audit: This used a web-based scoping questionnaire to audit current activity and identify purposive samples of universities interested and engaged in the Healthy University process. A total of 117 Higher Education Institutions (HEIs) received invitation emails and of these, 64 completed the survey (55% of the sample).

2nd Stage Mapping and Consultation: A decision was taken to conduct the second stage research with three purposive samples, comprising:

- HEIs with a Healthy University initiative, selected to ensure representation from different regions, categories of institution and types of leadership (n=12)

- other HEIs with a Healthy University initiative (n=16)

- HEIs without a Healthy University initiative, interested in a national programme (n=32).

Three further questionnaires were developed in order to explore further HEI-level activity and perceptions relating to the development of a national programme:

- an email questionnaire circulated to Sample 1 (n=12; number of respondents=6 i.e. 50%) to gather in-depth data that would enable the generation of case studies

- an email questionnaire circulated to Samples 1 and 2 (n=28; number of respondents= 15 i.e. 54%) to gather overview information on HEI-based initiatives

- a short web-based questionnaire made available Samples 1, 2 and 3 (n=60; number of respondents=18 i.e 30%) to explore views on a national programme.

National-Level Stakeholder Research

A purposive sample of key national-level stakeholder organisations was identified, comprising: Association of Managers of Student Services in Higher Education (AMOSSHE), Department of Health (DH), Department of Innovation, Universities and Skills (DIUS), Higher Education Academy (HEA), Higher Education Funding Council for England (HEFCE), Leadership Foundation for Higher Education (LFHE), National Union of Students (NUS), Royal Society for Public Health (RSPH) and Universities UK.

All the organisations agreed to participate in the stakeholder research in the form of an interview aimed at mapping current roles and responsibilities relating to health and exploring perceptions regarding the potential development of a national programme on Healthy Universities. A consultative semi-structured interview schedule was drawn up, piloted and finalised – and the research and engagement exercise was then undertaken using individual and small group interviews.

Joint Action Planning and Reporting

Opportunities were taken throughout the project to report interim findings at relevant conferences and events, thereby further engaging stakeholder organisations. An interactive workshop was also held at the November meeting of the English National Healthy Universities Network with the aims of presenting findings, validating data, informing the action planning process and securing further buy-in.

Findings

Introduction

As outlined above, the project comprised two main research and development strands operating at the levels of individual HEIs and national stakeholder organisations. In addition, findings from these strands were presented, discussed and validated at an interactive stakeholder workshop of the English National Healthy Universities Network.

HEI-Level Mapping and Consultation

Introduction

The HEI-level research comprised two stages – a brief web-based audit questionnaire scoping current activity and interest in future developments; and more detailed exploration of Healthy Universities initiatives and examination of views regarding the potential development of a national Healthy Universities programme.

Stage 1 Findings: Overview Audit

Of the 117 HEIs receiving invitation emails, 64 completed the overview audit survey, representing 55% of the sample. Data analysis revealed some variation in response rate between different regions.

Of the 64 HEIs responding, 28 (44%) stated that they have an established Healthy University initiative. Interpretation of the Healthy University concept is very variable – ranging from a relatively narrow perspective to a more holistic or 'whole system' understanding. The data also confirmed that Healthy University initiatives are led from a wide range of different services and departments – most commonly Human Resources/Occupational Health, academic departments, Students Services and Sport. When asked whether they would be interested in finding out more about and/or participating in a national programme on Healthy Universities, 96% of HEIs that responded answered 'yes'.

Stage 2 Findings: Mapping and Consultative Research

HEI-Level Healthy University Initiatives

Of the 15 HEIs (54%) from Samples 1 and 2 responding to the overview questions, one reported having no formal initiative, one had established its initiative in 1995 and the other 13 had established their initiatives between 2005 and 2008 – reflecting the relatively recent increase in interest. Initiatives are led from a range of bases, branded in a variety of ways and prioritise a range of work areas – and their establishment reflects three main types of driver: needs assessment, bottom-up catalysts and top-down directives.

Of the six HEIs responding to the in-depth questions, all have established senior-level steering groups and associated working groups; five have a dedicated co-ordinator; and all have links to external agencies, recognise the importance of evaluation, and have developed or are in the process of developing an action plan. There were many examples of projects being mainstreamed and all respondents highlighted the significance of securing system-level change through policy, service development, curriculum, introduction of new schemes and inputting to training and tendering processes. All six HEIs felt that they were either applying or working to apply a whole university approach, understanding this to be characterised by embedding health within the university at the policy/planning level and working with the full range of university services and academic departments. They also identified a number of advantages and barriers to such an approach. A range of perceived drivers were identified – including the benefits of the Healthy University approach in relation to student and staff recruitment, experience and retention; widening participation; and reduced sickness absence and improved performance and productivity. Links to other agendas were also identified – with a focus on community engagement, community relations, sustainability and corporate social responsibility.

All six HEIs are members of the English National Healthy Universities Network, which is seen as invaluable in terms of providing peer support; sharing ideas, practice and resources; and increasing visibility and creating a critical mass.

Development of a National Healthy Universities Programme

Asked what they thought the potential benefits of a National Healthy Universities Programme would be, the two most common themes to emerge were:

▪ increased opportunities for networking, learning from others and provision of good practice case study support

▪ provision of a common base line, national standard or standardised approach, offering something to aim for that is recognised and measurable.

In addition, respondents felt that a national programme could stimulate increased health-related work, encourage more HEIs to adopt the Healthy University model, provide a network of 'champions', help to secure greater buy-in from senior managers, provide leverage for funding and increase the overall profile.

In considering the 'shape' of a national programme, there was strong support for the formulation of general guidance and the introduction of criteria or minimum standards. However, whereas some HEIs advocated an achievement-based model, others proposed a process-based approach offering a more flexible framework. In terms of operationalising an accreditation programme based on standards or criteria, differing views were expressed – some HEIs arguing for an inspection system similar to Investors in People, others hinting at a looser self assessment system. Linked to this, there was no clear consensus about which organisations would be best placed to lead or champion a programme – HEFCE being highlighted by five HEIs, the DH by four, UUK by two and the NUS by two. In addition, two HEIs highlighted the important role of the English National Healthy Universities Network and two saw the regional Teaching Public Health Networks as potentially playing a key role.

National Stakeholder Organisations Mapping and Consultation

Introduction

Consultative semi-structured interviews were conducted with a sample of national-level stakeholder organisations – to map current health-related activity; ascertain awareness and knowledge; explore views on national programme development; and examine views on how a programme might be led and what shape it might take.

Findings: Stakeholder Interviews

Current Health-Related Activity

All stakeholder organisations saw health and well-being as important and a number profiled their own health-related activity. Interviewees also mentioned a number of issues connected to public health with which their organisations were engaged – including sustainable development and climate change; student experience; diversity; community links and 'studentification'; leadership, governance and management; liaison with NHS; work-life balance; bullying/harassment; and the 2012 Olympics.

Awareness and Knowledge

The majority of those interviewed were aware of the National Healthy Schools Programme, but there was only limited awareness of the healthy settings approach being applied in other contexts, including higher education.

Views on the Development of a National Programme

All organisations confirmed that they would, in principle, be supportive of the development of a national Healthy Universities programme. The health-focused stakeholder organisations articulated strong arguments for such a development, whilst other organisations such as LFHE and AMOSSHE were enthusiastic about connecting their core areas of work to the Healthy Universities agenda.

Asked why there had been little national-level leadership to date, interviewees identified a number of key issues, including: the autonomy of the sector; the challenge of promoting health in organisations for which this is not a core aim; lack of engagement with higher education by health-related agencies; the overriding policy focus on schools and children; the perception of HEIs as 'élite' and a narrow view of what the Healthy Universities concept is about; the failure of health promotion to evidence against economic productivity; and the absence of any one organisation that sees health and well-being in higher education as their mission or role.

There was, however, also a sense that maybe the time was right – and stakeholder organisations identified a range of important drivers (largely aligned with the perceived 'core business' of HEIs) with which it would be important to engage and in relation to which it would be valuable to articulate likely benefits. These included:

- enhancing quality, reputation and distinctiveness in the higher education 'market'
- student recruitment, experience, retention and achievement
- widening participation (linked to reducing health inequalities)
- workplace health in relation to staff performance and productivity
- sustainable development and climate change.

As well as identifying benefits closely aligned to drivers, interviewees highlighted a range of additional advantages, including: improving health of students and staff; strengthening the leadership and modelling roles of HEIs in relation to sustainable models of societal and economic productivity; introducing a strategic and coherent framework to harness and connect disparate initiatives; establishing a credible presence, securing national-level endorsement and mainstreaming the approach; and achieving consistency and enabling progression across the education sector.

Alongside the perceived benefits, interviewees highlighted a number of potential challenges. These included negotiating competing agendas, avoiding 'initiative overload', cost and securing long-term continuity.

Perspectives on the Leadership and Shape of a National Programme

Asked about which organisation or organisations would be best placed to lead a national programme, there was no clear favourite. However, there was a strong consensus that any such development should be sector-led – with UUK and GuildHE being viewed as perhaps best placed to provide clear advocacy and leadership and a range of other organisations such as LFHE, HEFCE, AMOSSHE, QAA, HEA, NUS and trades unions being mentioned. Alongside this national focus, it was recognised that the involvement of regional universities associations and Teaching Public Health Networks may prove valuable. Another perspective was that leadership should come from within individual HEIs, supported by national-level championing from relevant Government departments and other bodies.

In discussing the shape of a national programme, there was agreement that a key role of any future programme development would be to facilitate the exchange of evidence-based good practice and encourage and enable evaluation – and that priority should be given to building upon and strengthening the existing National Healthy Universities Network. A further discussion concerned the tension between introducing a broad-based programme and ensuring a clear identity. Linked to this discussion was a consideration of branding and marketing issues – there being a strong sense that the marketing of any future programme should focus on the contribution to core business outcomes and take account of different audiences.

More generally, two broad (and contrasting) approaches were put forward by interviewees – many of whom saw value in both. The first of these emphasised the value of introducing some form of accreditation, kitemarking or league table scheme that would reward HEIs with recognition based on achievement against agreed

criteria or standards (although it was appreciated that external assessment would be resource-intensive and quite possibly beyond the scope of available resources). The second emphasised flexibility and responsiveness, advocating a light-touch programme that avoids being overly prescriptive and respects the autonomy and independence of HEIs and acknowledges different emphases and capacities within the sector. It was understood that this approach would probably embrace a self-assessment element and include a focus on change-related processes and inputs rather than outputs and outcomes. It was also suggested that a light-touch approach would be more likely to secure widespread buy-in and stimulate activity that goes beyond the superficial approach that so often characterises top-down initiatives.

English National Healthy Universities Network Workshop

Introduction

In response to interest from members, it was decided to hold an interactive workshop at the November meeting of the English National Healthy Universities Network. The aims of this were to present findings, validate data, inform the action planning process and secure further buy-in to potential future developments.

Findings: English National Healthy Universities Network

Network members endorsed the main drivers identified through the research with HEIs and national stakeholder organisations – particularly emphasising the importance of mental health, of aligning with core business goals and of positioning Healthy Universities as a means of enhancing market position. There was also an appreciation that drivers may vary for different types of HEI and for different services and departments within them. Likewise, they understood key benefits to be closely linked to these drivers – helping HEIs deliver their core business more effectively, compete in the higher education 'marketplace', fulfil externally-defined responsibilities and improve student and staff health. There was also recognition that by investing in student health, there would be knock-on effects for workplace and wider societal health, through progression of students into work. Key challenges identified included demonstrating and evidencing success; securing widespread ownership and participation; and enabling long-term sustainability.

In considering the shape of a national programme, workshop participants discussed the value of introducing a measurable 'standard' with defined criteria. There was a strong sense that this standard should be aligned with core business objectives and be based largely upon principles and processes (e.g. policy commitment; a dedicated co-ordinator; a high-level steering group; and mechanisms for stakeholder involvement, needs assessment, action planning, communication and evaluation).

Whilst there were no strong views on the leadership or championing of a national programme, participants agreed to an offer from the HEA Health Sciences and Practice Subject Centre and the DH to bring stakeholder organisations together to consider next steps. The workshop also highlighted the burgeoning of activity relating to health and well-being in higher education and pointed to the importance of dialogue and collaboration with other initiatives such as the employee-focused *Creating Success through Wellbeing in Higher Education* project and the sport-led *Healthy Campus* movement.

Discussion

Although higher education has for many years provided a focus for the delivery of health promotion interventions, the past few years has also been characterised by a burgeoning of interest in the concept and practice of Healthy Universities. This points to a growing appreciation of the need for a comprehensive whole system approach

that can map and understand interrelationships, interactions and synergies within higher education settings – with regard to different groups of the population, different components of the system and different health issues.

The research conducted with both HEIs and national stakeholder organisations pointed to the challenge of integrating 'health' within the higher education sector. However, it also confirmed the perceived value of such a whole system approach and revealed widespread understanding of the connections not only to priority health targets but also to core drivers within higher education – and, additionally, national stakeholder bodies highlighted links to key societal agendas. The National Network workshop reinforced many of these concerns and emphasised the value of a system-based approach in terms of the progression of students into work and wider society.

All groups of respondents highlighted the value of a framework that could add coherence and legitimacy and provide a common baseline. However, whilst national stakeholder organisations emphasised the potential for a programme to enhance quality, reputation and distinctiveness, individual HEIs emphasised the value for strengthening networking, support and shared learning. Amongst stakeholder organisations, there was wide-ranging endorsement of the Healthy University philosophy and approach and a clear appreciation of the value of ensuring consistency across the full spectrum of education. At the level of individual HEIs and their partner organisations, the research and data validation workshop confirmed that there is overwhelming support for further national and regional level developments. This suggests that it is both appropriate and timely to progress a National Programme on Healthy Universities.

In discussing what shape a national programme might take, the findings point to two potential 'models':

- the first emphasises the introduction of standardised achievement criteria, through an accreditation or kitemarking scheme that incorporates external assessment
- the second is characterised by a more flexible and responsive framework that embraces different emphases and capacities, is consciously 'light-touch', focuses on change-related inputs and processes, and utilises self-assessment.

Whilst both HEIs and national stakeholder organisations discussed elements of both models, the latter placed stronger emphasis on the dangers and constraints attached to the kitemarking model – suggesting that a light-touch process-focused model may be more likely to win hearts and minds and encourage HEIs to go beyond the 'tick-box' approach.

Whilst there was no consensus as to which organisations would be best placed to offer leadership or act as key champions, 'front-runners' were HEFCE, UUK/GuildHE, DH and LFHE. Whereas national stakeholder organisations highlighted the importance of a programme being sector-led, co-ordinators from HEIs placed greater emphasis on the need for leadership or championing to reflect partnership across education and health sectors – a point reinforced the DH.

Conclusion and Recommendations

It is now widely appreciated that higher education offers enormous potential to impact positively on the health and well-being of students, staff and the wider community through education, research, knowledge exchange and institutional practice. There is also a growing appreciation that investment for health within the sector will further contribute to core agendas such as staff and student recruitment, experience and retention; and institutional and societal productivity and sustainability.

The National Research and Development Project on Healthy Universities has revealed the richness of activity taking place within HEIs and evidenced a rapid increase in interest in the whole system Healthy University approach. There is clear

demand for national-level stakeholder organisations to demonstrate leadership through championing and resourcing a Healthy Universities Programme that not only adds value within the higher education sector, but also helps to build consistency of approach across the entire spectrum of education.

In the light of the findings, it is recommended that:

- High level endorsement should be sought for a National Healthy Higher Education Programme.

- This National Healthy Higher Education Programme should:

  - be led from within the sector

  - be supported and championed by a consortium of relevant stakeholder bodies

  - draw on experience and learning from other sectors (in particular further education)

  - build on, and further strengthen, the momentum and dynamism of the English National Healthy Universities Network

  - be sufficiently flexible that it is inclusive of the wide range of HEIs, taking account of different emphases and capacities

  - include an integral evaluation component

  - provide a comprehensive whole system Healthy University Framework supported by networking opportunities and guidance tools.

- This comprehensive whole system Healthy University Framework should:

  - offer an holistic vision of health and well-being for higher education that is connected to core business and parallel societal agendas

  - bring greater coherence to health-related activity in HEIs and encourage joined-up working between services and with external partners

  - strengthen the creation of healthy and sustainable working, learning and living environments for students, staff and visitors

  - increase the profile of health, well-being and sustainable development in teaching, research and knowledge exchange

  - contribute to the health and sustainability of the wider community

  - be largely process-focused, incorporating criteria such as: policy commitment; a dedicated co-ordinator; a high-level steering group; and mechanisms for stakeholder involvement, needs assessment, action planning, communication and evaluation

  - utilise self-assessment mechanisms to enable benchmarking and appropriate progression.

- Discussions should be held with HEFCE and other stakeholders regarding the potential to strengthen routine data collection through the introduction of further health-related questions into the National Student Survey and other relevant research instruments.

- Discussions should be held with the QAA regarding the potential for its Institutional Audit to include a stronger emphasis on health and well-being.

- The HEA Health Sciences and Practice Subject Centre and the DH should take joint responsibility for convening an initial meeting of key stakeholder bodies across the UK countries to consider the recommendations emerging from this project and agree next steps.

1. BACKGROUND

The National Research and Development Project on Healthy Universities[1] was conceptualised in response to the Higher Education Academy (HEA) Health Sciences and Practice Subject Centre's mini-project call on Health Promoting Universities.

The mini-project call itself represented a proactive and timely move within a context characterised by growing interest in applying the settings approach to health and well-being within the higher education sector. Whilst national and international programmes have been developed to advance this approach within schools and other settings, there has been neither a formal programme nor sustained leadership in relation to universities.

The University of Central Lancashire (UCLan) has pioneered work in this field, having established its Health Promoting University initiative in 1995; jointly edited the WHO Book *Health Promoting Universities: Concept, Principles and Framework for Action* in 1998; had a case study included within the Government's *Choosing Health* strategy in 2004; established the English National Healthy Universities Network in 2005; and been appointed to the expert panel of the Teaching Public Health Networks (TPHNs)[2] in 2007. It was therefore well-placed to lead a national project and was successful in securing £5,000 worth of funding from the HEA Health Sciences and Practice Subject Centre – which was matched by the Department of Health (DH).

The aim of the project was to scope and report on the potential for a national programme on Healthy Universities that could contribute to health, well-being[3] and sustainable development.[4] The objectives were to:

1. Engage and consult with key national-level stakeholder organisations[5] and secure their commitment and 'sign-up' to the development of a National Healthy Universities Programme.
2. Draw on learning from Healthy Schools and Healthy Colleges, and build on the emergent work of the National Healthy Universities Network and TPHNs by consulting with member institutions.
3. Explore potential synergies with related initiatives (e.g. HEFCE's Sustainable Development in Higher Education).
4. Formulate a protocol for higher education institutions (HEIs) wanting to improve the health of students, staff and wider communities through developing as Healthy Universities.
5. Produce a position paper setting out proposals for action.

A Project Advisory Group was established, comprising Dr Margaret Sills, Academic Director at the HEA Health Sciences and Practice Subject Centre; Professor Mala Rao, Head of Public Health Workforce and Capacity at DH; Peter Chell, Further Education Adviser at DH; Judy Orme, member of the South West TPHN Regional Co-ordinating Team at the University of the West of England; and Dr Sue Powell,

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[1] In January 2008, the title of the project was amended to reflect the dominant usage of the term Healthy Universities within the UK and to provide an accessible working title with which to engage with stakeholders: National Research and Development Project on Healthy Universities.

[2] The Department of Health funded Teaching Public Health Networks have as one their aims *"to create health promoting Universities and Colleges."*

[3] Although many definitions of health include 'well-being', it was decided to make an explicit mention of the term within the aim, in order to highlight the socio-ecological model of health which the project took as its starting point and engage with the emerging personal and collective well-being agendas (see 2.7.3).

[4] The decision to include a focus on sustainable development within the aim of the project was made in response to the convergence of public health and sustainable development agendas, highlighted by UK public health bodies (UKPHA, 2007; Griffiths and Stewart, 2008) and reflected in policy developments relating to obesity and climate change (see 2.7.4).

[5] Due to resource constraints, the research has been limited to England.

Regional Co-ordinator of the North West TPHN at Manchester Primary Care Trust (PCT).

2.   LITERATURE REVIEW

2.1   Introduction

In order to clarify theory, scope practice and distil key contextual issues, a review of relevant academic and policy-related literature was conducted. Appreciating the limited resource available to support this stage of the project, it was acknowledged that the literature review could be neither comprehensive nor systematic. A search of academic literature was carried out by using the search phrases 'healthy universities', 'health promoting university' and 'health promoting universities' within Google Scholar – and relevant papers were identified from the search returns and abstracts. Policy-based literature was identified by using a web-based search of key English and UK stakeholder organisations. In addition, the review was informed by a wider literature review carried out in 2004, which focused on health promotion within universities (Riding, 2004); by a scan of literature and activity relating to both 'generic' settings-based health promotion and its application in universities, conducted for the Canadian Health and Learning Knowledge Centre (Dooris and Baybutt, 2007); by reference to relevant international and non-UK initiatives; and by reflections on practice.

The review provides a brief background to the higher education sector; presents an overview of settings-based health promotion; considers staff, student and community health and well-being; looks at topic-based health improvement within higher education; focuses on Healthy Universities; and outlines links to key parallel agendas.

2.2   Background to the Higher Education Sector

The latest data available (UUK, 2008) indicates that there are 169 HEIs in the UK, 133 of these in England. In 2006/7, there were 2,362,825 students in UK HEIs (1,957,200 of them in England). Of this UK total, 1,451,715 were full-time and 911,100 part-time. In the same year, there were 364,165 staff in UK HEIs, a 2.5% rise since 2005/6.

Whilst it is beyond the scope of this review to explore the purpose, role and development of higher education in any detail, it is pertinent to note that the *Dearing Report* (National Committee of Inquiry into Higher Education, 1997) identified the purpose of higher education as four-fold:

1. To inspire and enable individuals to develop their capabilities to the highest potential levels throughout life, so that they grow intellectually, are well-equipped for work, can contribute effectively to society and achieve personal fulfilment.
2. To increase knowledge and understanding for its own sake and to foster their application to the benefit of the economy and society.
3. To serve the needs of an adaptable, sustainable, knowledge-based economy at local, regional and national levels.
4. To play a major role in shaping democratic, civilised, inclusive society.

In their paper *University Challenge: Towards a Well-Being Approach to Quality in Higher Education*, commissioned by the Quality Assurance Agency for Higher Education (QAA), Steuer and Marcs (2008: 9) reflect on what has happened since the publication of the Dearing Report, commenting that:

> *"The aspiration, as outlined by Dearing, is that higher education serves a number of purposes, ranging from inspiring personal 'growth', through to supporting economic development and building what is now often termed 'active citizens'. The reality suggests, however, that it is the third purpose – to serve the economy (and arguably individuals'*

competitiveness within it) – which is now driving the higher education system to the detriment of the others."

They go on to advocate a transformative approach to quality that moves beyond the narrow focus on learners as future workers, calling for a higher education mandate that serves the dual purpose of enhancing both personal and collective well-being.

2.3 Settings-Based Health Promotion

2.3.1 Introduction

It has long been appreciated that settings such as schools and workplaces enable health messages and interventions to be targeted at a specific audience. In this way, settings – together with population groups and health topics – have made up the traditional matrix used to organise health promotion programmes concerned with encouraging individual health-related behaviour change. However, what has become known as the settings-based approach moves beyond this view of the carrying out of health promotion *in* a setting, recognising that the places and contexts in which people live their lives are themselves crucially important in determining health and well-being.

The rationale for the settings approach is based on the realisation that health is largely determined outside of the so-called 'health' service – a point reinforced by Wanless (2004) in his report *Securing Good Health for the Whole Population* in which he uses the term 'National Sickness Service.' It follows that effective health improvement requires investment in the social systems in which people spend their time and live their lives. As Dooris and Hunter (2007: 108) have argued:

> *"If public health and health promotion represent a mediating strategy between people and their environments, synthesising personal choice and social responsibility in health, then this has important implications for the management and organisational dynamics within a social system or health setting regardless of whether it is a school, hospital, university, prison or workplace. In this way, health promotion can be viewed as an intervention in social and organisational systems to improve health. Through such means, public health can be taken out of the ghetto into which many believe it has become trapped."*

2.3.2 History and Development

The settings-based approach to health promotion has its roots within the World Health Organization (WHO) *Health for All Strategy* (WHO, 1981) and, more specifically, the *Ottawa Charter for Health Promotion*, which stated that *"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love"* (WHO, 1986: 3). As Kickbusch (1996: 5) has reflected, the Ottawa Charter resulted in the settings approach becoming the starting point for WHO's lead health promotion programmes, with a commitment to *"…shifting the focus from the deficit model of disease to the health potentials inherent in the social and institutional settings of everyday life."*

Healthy Cities was launched by the WHO Regional Office for Europe in 1987 with the aim of taking the rhetoric of the Ottawa Charter and Health for All 'off the shelves and into the streets of European cities' (Ashton, 1988) – and drawing on this experience, a number of developments took place at a European level during the late 1980s and 1990s within a range of smaller settings – including schools, hospitals, prisons and universities (Barnekow Rasmussen, 2005; Tsouros, 1993; Squires and Strobl, 1996; Tsouros *et al*, 1998). In parallel, similar developments have occurred in other parts of the world, with specific foci relevant to particular cultures and circumstances.

The approach was further strengthened by a number of subsequent publications such as the *Sundsvall Statement* (WHO, 1991), which called for the creation of supportive environments with a focus on settings for health; and the *Jakarta Declaration* (WHO, 1997), which highlighted the importance of health promotion as

an investment not only for human health but also for social and economic development – and contended that settings for health represent the organizational base of the infrastructure required for effective comprehensive health promotion approaches. This paved the way for settings to be included within the *Health Promotion Glossary* (WHO, 1998a) and incorporated under Target 13 of WHO's new European Health for All Policy Framework, *Health 21* (WHO, 1998b), which stated that:

> "by the year 2015, people in the region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community." (p. 100)

More recently, the International Union for Health Promotion and Education (IUHPE) has established a Global Working Group on Healthy Settings and called for "the reach of settings-based health promotion to be expanded" (IUHPE/CCHPR, 2007: 4).

Within England, the settings-based approach received some legitimisation in the early 1990s through *The Health of the Nation* (DH, 1992), which encouraged joint action in a range of settings where people live and work. The strong endorsement of the approach found in the Green Paper, *Our Healthier Nation* (DH, 1998) was reflected to some degree in the White Paper *Saving Lives* (DH, 1999a), with specific reference to healthy schools, healthy workplaces and healthy neighbourhoods. More recently, although the White Paper *Choosing Health: Making Healthy Choices Easier* (DH, 2004) makes no explicit commitment to the settings-based approach *per se*, there is a strong acknowledgement of the importance for health and well-being of the settings in which people live, learn, work and play. As well as a strong focus on the government-led National Healthy Schools Programme, there are chapters on 'work and health, 'local communities leading for health' and 'a health-promoting NHS'; reference to early years settings; and, as detailed below (see 2.6.2), a new commitment to support healthy colleges and universities.

2.3.3 Theory and Practice

The settings-based approach is seen as an important way of investing for health at a local level, with health being seen as both an asset for and an outcome of the development and effective functioning of organisations (Grossman and Scala, 1993; Dooris *et al*, 1998). Whilst acknowledging a range of interpretations, a conceptual framework has been proposed (Dooris, 2006a, 2006b; Dooris *et al*, 2007) with a view to synthesising the work of key theorists (e.g. Barić, 1993; Kickbusch, 1995; Wenzel, 1997; Dooris *et al*, 1998; Green *et al*, 2000; Kickbusch, 2003; Poland *et al*, 2000; Whitelaw *et al*, 2001; Dooris, 2004; Paton *et al*, 2005). This suggests that the approach is rooted in values such as participation, equity and partnership and characterized by three interconnected dimensions:

- *An ecological model of public health*: It understands health to be an holistic concept concerned with physical, mental and social well-being – created and determined by a complex interaction of environmental, organisational, and personal factors. Moving away from a reductionist focus on single issues, risk factors and linear causality, it is concerned to develop supportive contexts in the places that people live their lives.

- *A systems perspective*: It acknowledges interconnectedness and synergy between different components, and views settings as complex dynamic systems with inputs, throughputs and outputs.

- *A whole system focus*: It uses organisation development to introduce and manage change within the setting in its entirety. It prioritises the use of multiple, interconnected interventions and programmes to embed health within the culture, routine life and mainstream business of settings. It is thus concerned to ensure living and working environments that promote greater health and productivity, and engage with and promote the health of the wider community.

A number of models have been proposed to guide the translation of settings-based theory into practice. These are outlined below in relation to their application within Healthy Universities practice (see 2.6.3).

2.4 Higher Education: Student, Staff and Community Health and Well-Being

2.4.1 Introduction

Before considering the delivery of topic-based health promotion in universities and reviewing the development of theory, policy and practice relating to healthy universities,[6] it is useful to focus more generally on the three key stakeholder groups – students, staff and the wider community.

2.4.2 Student Health and Well-Being

Most health-related policy documents relating to universities have been concerned with student well-being, many focused on specific concerns such as mental health or drugs and alcohol (as detailed below – see 2.5). Similarly, the majority of health-related interventions and other activities to take place within higher education settings has focused on students – commonly targeted at the 'traditional' 18-24 year old population, taking the opportunity to extend school-based and college-based programmes to a setting that is characterised by many young people at an important life transition stage, living away from home for the first time, exploring and experimenting without parental influence (Abercrombie, Gatrell and Thomas, 1998; Stewart-Brown et al, 2000).

However, with the emphasis on widening participation and the consequent growth in student numbers, HEIs have increasingly diverse student profiles, as noted by Riding (2004). With recruitment and retention high on the agenda and widely recognised to be important indicators of institutional health (National Audit Office, 2007), there is an overriding focus on the quality of the 'student experience' for the various sub-populations that form part of the university community (e.g. international students, mature students, part-time students).

A particular focus in recent years has concerned relations within the university community. The guidance document, *Promoting Good Campus Relations: Dealing with Hate Crimes and Intolerance* (UUK/Equality Challenge Unit/SCOP, 2005) provides an overview of ways in which higher education can deal with hate crimes through work on promoting good relations, and so ensure that academic freedom cannot be exploited to damage the legitimate freedoms of others. Whilst the report's focus is specific, it is also recognised that:

> *"an HEI that achieves good campus relations can find that it reaps many benefits, such as improved staff and student recruitment and retention levels, a healthier working environment and improved reputation at a local, national and international level." (p. 11)*

Similarly, *Promoting Good Campus Relations, Fostering Shared Values and Preventing Violent Extremism in Universities and Higher Education Colleges* (DIUS, 2007) discusses how HEIs can help to increase community cohesion – through promoting shared values; creating space for free and open debate; breaking down segregation; enabling student engagement with society; ensuring campuses are safe and free from bullying, harassment and intimidation; and providing appropriate support and guidance.

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[6] Whilst the semantics of different terminologies such as 'healthy settings', 'health promoting settings', 'settings for health' have been discussed elsewhere (e.g. Dooris, 2006b), the term 'Healthy University' is here used to refer to whole system initiatives such as Healthy and Healthy Promoting Universities.

2.4.3 Staff Health and Well-Being

Following the publication of *Choosing Health* (DH, 2004), there has been a renewed focus on workplace health and well-being. Whilst Government-level policy has not been specific to the higher education sector, it is informative to explore this focus, appreciating that a major role of a university as a setting is as employer and workplace provider.

Building on *Health, Work and Well-Being – Caring for our Future* (Department for Work and Pensions, DH and Health and Safety Executive, 2005), the review *Working for a Healthier Working Age Population* (Black, 2008) not only acknowledges the continued importance of compliance with health and safety legislation but also discusses the role of the workplaces in supporting and promoting health and well-being. It presents a clear message that good health is good business, quoting the Chartered Institute of Personnel and Development to argue that:

> "The business case for promoting and supporting employee health and well-being is becoming increasingly clear. Employers can gain clear benefits in reducing employee turnover and increasing the productivity and engagement of employees" (p. 54).

This assertion is supported by research commissioned by Business in the Community (2006, 2007) and by the findings of a piece of work carried out by PricewaterhouseCoopers (2008), who were commissioned to consider the business and economic cases for employers to invest in wellness programmes for their staff. They found considerable evidence that health and well-being programmes have a positive impact on both intermediate benefits (e.g. reduced sickness absence, reduced staff turnover, reduced accidents and injuries, increased employee satisfaction, a higher company profile, higher productivity) and bottom-line benefits (suggesting that initial programme costs can quickly be translated into financial benefits, either through cost savings or additional revenue generation). Echoing Breuker and Schröer (2000), who have suggested that inter-disciplinary, comprehensive approaches are essential for effective workplace health promotion, the review emphasised the need for skills development that enables the holistic management of health and well-being of the workforce. It went on to suggest that the proposed development of a Health and Well-Being at Work framework by *Investors in People* will provide a useful benchmark for employers on these aspects. The Investors in People Standard already provides the foundation for emotional and psychological well-being at work within its current criteria – and the development of the new framework, structured around five themes (line management and workplace culture; prevention and risk management; individual role and empowerment; work-life balance; enabling health improvement), is therefore seen as a natural extension.[7]

With particular reference to the higher education sector, the Health and Safety Executive (2006: 1) has published guidance on occupational health, arguing that *"universities and colleges need healthy and well-motivated workers if they are to deliver high-quality services"* and that *"effectively managing occupational health is key to achieving this."* Whilst the guidance does not explicitly discuss the Healthy University approach, it quotes Lord Hunt in saying *"I want to see well-managed, healthy universities with well-motivated healthy staff."* In addition, guidance documents have been produced for HEIs on specific topics such as stress at work, including information on both risk assessment and good practice (UCEA, 2006), and work-life balance (Joint Negotiating Committee for Higher Education Staff, 2003). Most recently, a consortium of HEIs (Universities of Leeds, Birmingham, Bristol and Derby; University College Falmouth) has launched a staff wellbeing project, *Creating Success through Wellbeing in Higher Education*, supported by funding from HEFCE.[8]

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[7] http://www.investorsinpeople.co.uk/Standard/Developingthestandard/health/Pages/Home.aspx – accessed 09 January 2009

[8] http://www.universitas21.com/info/LGMProject.pdf – accessed 09 January 2009

2.4.4 Community Health and Well-Being

Whilst students and staff are the two stakeholder groups most commonly considered in relation to higher education, it is important to appreciate that universities function within the context of local, regional and indeed global communities. It is therefore also also pertinent to consider the relationship between HEIs and wider community health and well-being.

The wider impact of HEIs on their local and regional communities is widely recognised in terms of employment, knowledge exchange, the built environment and social/community development (Centre for Urban and Regional Development Studies, 1994). Whilst less consideration has been given to the impact on community health and well-being, a report on the regional contribution of higher education highlighted the relationship between health and economic success and explored the contribution of HEIs in terms of training, education and research (Charles and Benneworth, 2001).

Studentification: A Guide to Opportunities, Challenges and Practice (UUK/ SCOP/Local Government Association, 2006) was informed by research carried out in 2005 and was published in response to the rapid increase in student numbers within cities and towns across the UK over recent years. Recognising that this trend of 'studentification' can have both positive and negative impacts on the well-being of local communities, it provides guidance for HEIs and other stakeholders wanting to support the effective management and integration of students into residential neighbourhoods.

2.5 Topic-Based Health Improvement in Higher Education

2.5.1 Introduction

Universities have long served as settings for the targeting of health promotion/ improvement campaigns and the delivery of specific projects on a wide range of health-related topics. Whilst many of these have been neither evaluated nor formally documented, a review of published literature relating to health promotion activity in universities has highlighted a range of priority issues (Riding, 2004). For student-based initiatives and studies, key focus areas were drugs (including alcohol), mental health, sexual health and physical activity; and for staff-based initiatives and studies, mental health and well-being appeared to be the overriding focus. A review of reports and policy-related literature published by stakeholder organisations largely supports these findings, although with several caveats: the increased focus on obesity over the past few years has resulted in a growing focus on healthier eating alongside physical activity; and the Government's recent focus on workplace health has resulted in an increased emphasis on the importance of investing in health and well-being at work (as discussed above).

2.5.2 Drugs and Alcohol

In 1995, the Government published a White Paper *Tackling Drugs Together: A Strategy for England 1995 to 1998* (Central Drugs Coordinating Unit, 1995), which encouraged further education institutions and HEIs to provide appropriate prevention, counselling and support services for students. In 1997, the Committee of Vice-Chancellors and Principals, now Universities UK (UUK), in collaboration with the Association of Managers of Student Services in Higher Education (AMOSSHE) and the Standing Conference of Principals (SCOP), published *Guidelines on Drugs and Alcohol Policies for Higher Education* (Committee of Vice Chancellors and Principals,

1997), which acknowledged the complexities involved and provided a framework for universities to work within. Whilst not focusing specifically on universities, the subsequent *Tackling Drugs to Build a Better Britain* (H.M. Government, 1998) and *Alcohol Harm Reduction Strategy for England* (Cabinet Office, 2004) both included a strong focus on young people, the latter also focusing on alcohol in the workplace. More recently, *Safe, Sensible, Social: The Next Steps in the National Alcohol Strategy* (H.M. Government, 2007) acknowledged the hidden costs to workplaces and identified 18-24 year old binge drinkers as a priority for action.

An action-focused review carried out for Mentor on Alcohol and Drug Prevention in Colleges and Universities (Polymerou, 2007) concluded that colleges and universities can play an important role in preventing alcohol and drug use and related harm and that there is promising evidence of effectiveness. However, it went on to argue that more effort is needed to increase the profile of alcohol and drug prevention in further education and higher education, build the evidence base and support the delivery of effective interventions. AMOSSHE is planning to publish guidance on drug and alcohol issues for HEIs following collaboration with the Drug and Alcohol Education Prevention Team – a joint project run by Drug Scope and Alcohol Concern.[9] In addition, it has been reported that the National Union of Students (NUS) is calling for a campaign to promote 'responsible drinking' on campuses (Asthana, 2008).

2.5.3 Mental Health and Well-Being

A review carried out in 1997 found a growing body of studies on stress and mental health amongst university staff, but a scarcity of research on the mental well-being of students (Dooris, 1998a).

Concern about staff stress has continued unabated, with Trades Union-led research keeping the issue high on the agenda. A recent report from the University and College Union (e.g. Court and Kinman, 2008) concludes that, on all stressors apart from control, HEIs on average reported lower well-being than the levels recorded in the Health and Safety Executive report *Psychosocial Working Conditions in Britain in 200*8 (Webster and Buckley, 2008). Management guidance (Universities and Colleges Employers Association, 2006) tends to focus on risk assessment and encourage HEIs to adopt the *Management Standards for Work-related Stress* produced by the Health and Safety Executive (2004).

Alongside this, student mental health has become a major policy focus. The *National Service Framework for Mental Health* (DH, 1999b) addressed the mental health needs of working age adults up to 65, setting out national standards and service models – and also profiled a range of initiatives including an early intervention project developed as a response to growing concern about the incidence of mental health problems among the student population. This concern was echoed in the findings of a survey of student health in three UK HEIs, which suggested that emotional health was a particular concern (Stewart-Brown et al, 2000). In 2000, UUK published *Guidelines on Student Mental Health Policies and Procedures for Higher Education* (UUK, 2000), intended to support HEIs in their strategic planning to ensure that they take full account of the needs of students experiencing mental health difficulties and those who work and study alongside such students. The guidelines present an overview of: awareness of relevant legal and duty of care issues; access to support and guidance services; provision of training and development opportunities; and liaison between internal and external agencies.

In 2002, a management guidance document was published by UUK and SCOP on *Reducing the Risk of Student Suicide: Issues and Responses for Higher Education Institutions* (Grant, 2002), which aimed to raise awareness of the risk of suicide and

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[9] http://www.amosshe.org.uk – accessed 09 January 2009

attempted suicide amongst students and help organisations to take appropriate steps to minimise those risks. This endorsed the 'health promoting university' approach with its focus on the creation of environments that seek to create positive health. The following year, the Royal College of Psychiatrists (2003) published a report on *The Mental Health of Students in Higher Education*, in response to concern about the increasing number of students with mental health problems. This reviewed the nature, prevalence and causes of mental health problems amongst higher education students, suggesting that higher education is associated with significant stressors and that students report increased symptoms of mental ill health compared with age-matched controls. It went on to review existing services and present recommendations for the development of strategic policy and best practice – arguing that universities need to collaborate with relevant agencies to address the issue of student mental health in a coordinated manner.

A more recent HEA publication, *Mental Health in Higher Education: Report of Activity 2003-2004* (Anderson, 2004) recorded the experience of the Mental Health in Higher Education project, which began as a one year collaborative initiative between four subject centres of the Learning and Teaching Support Network – and has evolved into a collaboration between the HEA and the Centre of Excellence in Interdisciplinary Mental Health at the University of Birmingham. Drawing on an earlier paper by Dooris (1999), one of its key recommendations was that *"the concept of the 'Health Promoting University'…provides a framework for the promotion of positive mental well-being at all levels"* (p. 6). Building on this work, *Guidelines for Mental Health Promotion in Higher Education* have been prepared by the UUK/GuildHE Committee for the Promotion of Mental Well-Being in Higher Education (Crouch, Scarffe and Davies, 2006). Offering a framework to guide the development of policies, procedures and initiatives, these argue that effective mental health promotion involves not only addressing the needs of those with mental health difficulties, but also promoting the general mental wellbeing of all staff and students, which will in itself bring significant benefits to the HEI in terms of reputation, staff and student recruitment and retention, performance and community relations. It suggests that mental health promotion can be seen as involving:

> *"the establishment of an environment at all levels of the institution to promote mental wellbeing for all through local initiatives, and/or participating in national or international projects such as the Health Promoting University Project." (p. 2)*

Alongside this, the NUS is working with other agencies to raise awareness of mental health issues.[10]

2.5.5 Sexual Health

A review carried out in the late nineties (Dooris, 1998b) concluded that universities represent a particularly important setting for sexual health promotion. They have large populations of young people, many exploring their sexual identity and expressing their sexuality freely for the first time (research suggests that university students, and young people in general, are more sexually active with more partners than other groups of the population). They are places where students traditionally experiment with lifestyle and behaviour choices that can influence sexual health (research suggests that use of alcohol and other recreational drugs may lead to increased levels of unsafe sexual practice). And they are characterised by high levels of travel (an important factor in HIV transmission). It advocated an holistic approach that addresses sexual health within the context of overall well-being – suggesting that people do not compartmentalise their sex lives or relationships from other dimensions such as emotional state, mental well-being or use of alcohol and recreational drugs.

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[10]   http://www.nus.org.uk – accessed 09 January 2009

Ten years later, there is still a notable lack of policy guidance specific to the higher education sector, although general Government policy has clear applicability. In 2001, *Better Prevention, Better Services, Better Sexual Health: The National Strategy for Sexual Health and HIV*, was published by the DH (2001). Including a major focus on under 25 year olds, its aims were to improve services, information and support for all who need them; reduce inequalities in sexual health; and improve health, sexual health and well-being. Within the context of this strategy and *Choosing Health* (DH, 2004), the *National Chlamydia Screening Programme* was launched in 2005, in recognition that genital chlamydia has become the most common sexually transmitted infection diagnosed in Genitourinary Medicine clinics in England – with high prevalence being documented among men and women aged under 25. Employing an opportunistic approach to screening, the programme is focusing its work in a number of settings including universities and colleges. The NUS has consistently campaigned on sexual health – and in 2006 (with the Terrance Higgins Trust) called on PCTs to supply contraception to students' unions and guarantee an appointment at a sexual health clinic within 48 hours[11].

2.5.6 Physical Activity and Healthier Eating

The dual publication of *Choosing Activity: A Physical Activity Action Plan* (DH, 2005a) and *Choosing a Better Diet: A Food and Health Action Plan* (DH, 2005b) was significant in reinforcing the centrality of physical activity and food as public health priorities, within the context of growing concern about obesity and healthy weight. In relation to higher education, both action plans identified young people as a key target group and the workplace as a priority setting. More specifically, the former pointed to the potential inclusion of walking and cycling modules in universities' academic programmes and highlighted the need to address the steep drop-out rates in sports participation through improved 'transition management' between school, university and community sport; and the latter highlighted the involvement of universities in local supplier networks to assist producers in competing to supply produce to the public sector.

The Foresight Report, *Tackling Obesities: Future Choices* (Butland *et al*, 2007) observed that life events such as leaving home could be important catalysts to behaviour change and concluded that:

> *"the complexity and interrelationships of the obesity system…make a compelling case for the futility of isolated initiatives. Focusing heavily on one element of the system is unlikely to successfully bring about the scale of change required." (p. 10)*

Healthy Weight, Healthy Lives: A Cross Government Strategy for England (DH, 2008) reinforced the continuing importance of wide-ranging action to tackle obesity. Whilst not including a specific focus on higher education, it highlighted the importance of promoting healthier food choices, building physical activity into people's daily lives (e.g through ensuring that building design encourages use of stairs; investing in walking and cycling routes and facilities) and working with employers and employer organisations to develop pilots exploring how companies can best promote wellness among their staff and make healthy workplaces part of their core business model. Within this context, the Food Standards Agency is working with employers, catering providers and their suppliers to develop practical ways to deliver healthier workplace catering that also strengthens local and regional procurement,[12] and has issued web-based advice for students starting university or college.[13]

In relation to sport, the *Framework for Sport in England* (Sport England, 2004) cites research suggesting that those who participate in higher education are more likely to

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[11] http://education.guardian.co.uk/students/health/story/0,,1776048,00.html – accessed 09 January 2009
[12] http://www.foodstandards.gov.uk – accessed 09 January 2009
[13] http://www.eatwell.gov.uk/healthydiet/seasonsandcelebrations/autumn/eatingtipsforstudents – accessed 09 January 2009

participate in sport, both in student life and in adult life. More specifically, it is clear that the 2012 Olympics has acted as a catalyst to action across sectors – and that whilst active participation in sport is a primary focus, there is also interest in securing a wider legacy. A HEFCE Report to the Secretary of State for Innovation, Universities and Skills on *The Higher Education Sector and the 2012 London Olympic Games* (HEFCE, 2007), states that:

> *"some universities have focused on the event itself, but much of the sector sees that there is enormous potential to promote areas such as widening participation, business development and knowledge transfer, cultural contributions, and the contribution that higher education can make to public health. In this way HEIs can extend existing activities and identify new areas of work which will have a life after the Games are over – providing a lasting legacy." (p. 1)*

Linked to this, Podium, the Further and Higher Education Unit for the 2012 Games, has proposed the development and implementation of a Healthy Campus model, based on (but going beyond) the promotion of active participation in sport.[14] The establishment of British Universities and Colleges Sport (BUCS) – which draws together expertise and experience from two former representative bodies – has proved important in raising the profile of sport and wider physical activity.[15]

It is also clear that issue-based action relating to food and physical activity provides an opportunity to forge links between health and sustainable development – a connection that is high on the agenda of national public health bodies (UK Public Health Association, 2007; Griffiths and Stewart, 2008) (see also 2.7.4). As the Foresight Report indicated, *"there is considerable scope to align policies to tackle climate change and sustainability, for example, with policies for public health"* (Butland *et al*, 2007: 1). In this respect, a number of organisations have published guidance on creating environments that encourage increased levels of physical activity and reduce carbon emissions (CABE Space, 2006; National Institute for Health and Clinical Excellence, 2008).

2.6   Healthy Universities

2.6.1 Introduction

From the above review, it is apparent that – alongside the practice of (often ad-hoc) topic-based health promotion – there is an appreciation of the need for the kind of comprehensive, co-ordinated and integrated whole system approach that characterises healthy settings (see 2.3). Whilst there are a number of initiatives adopting an holistic approach focused primarily on one population group (e.g. staff) or one issue (e.g. physical activity), the added value of the Healthy University approach lies in its ability to map and understand the interrelationships, interactions and synergies 'across the board' – with regard to different groups of the population, components of the system and health issues. By explicitly working across the whole university system and at the same time acknowledging wider contextual factors (e.g. transport infrastructure, advertising), the approach provides a framework that goes beyond interventions focusing on single topics, single target groups or single aspects of university life. The rationale for such an approach is explored further by Dooris (2006a: 60), as illustrated in Figures 1-3 and Box 1.

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[14]   http://www.podium.ac.uk/ – accessed 09 January 2009
[15]   http://www.bucs.org.uk/ – accessed 09 January 2009

Figure 1: The University System – Different Population Groups
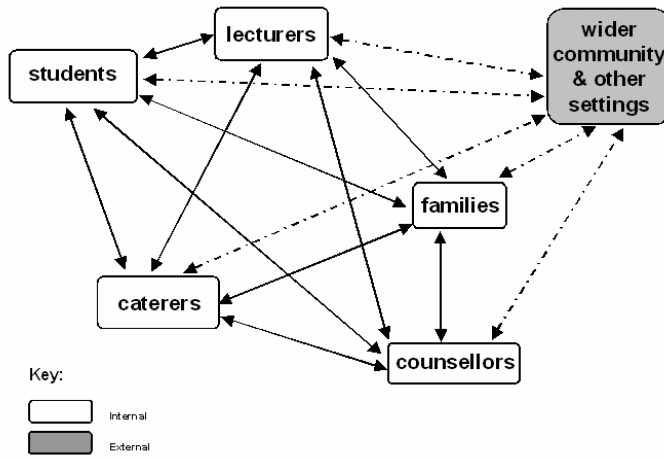
Source: Dooris (2006a)

Figure 2: The University System – Different Components
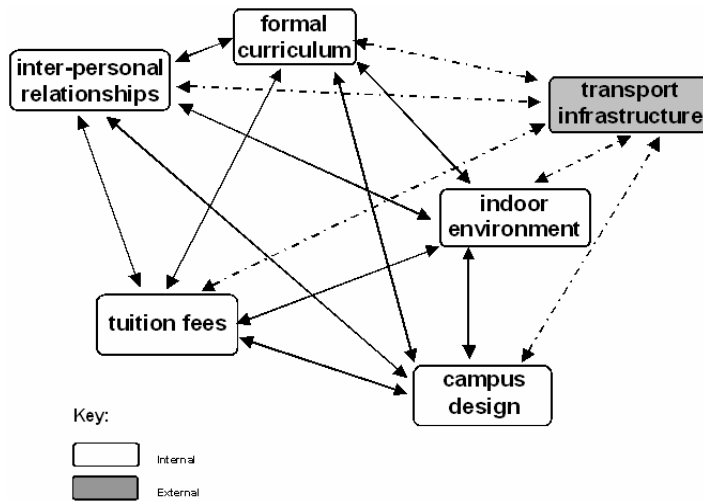
Source: Dooris (2006a)

Figure 3: The University System – Different Issues
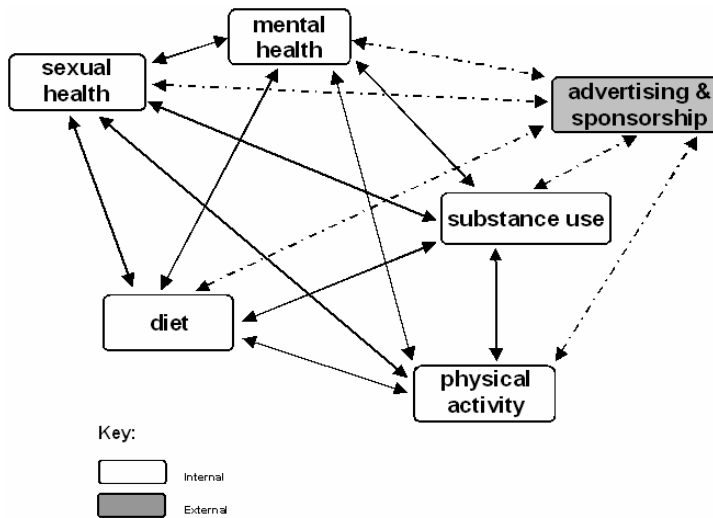
Source: Dooris (2006a)

Box 1:Healthy Settings: Examples of Whole System Synergies in a University Context

- A programme aimed at promoting staff well-being through changing 'unhealthy' organisational cultures (e.g. working through lunch breaks) is likely to have knock-on impacts among students. This will not only be through quality of teaching, but through a 'hidden curriculum' effect – whereby cultural norms and values are informally transmitted and reproduced within the external organisations that students subsequently work within and lead.

- A programme aimed at increasing physical activity must not only 'intervene' within all the relevant components of the system – both within the university itself and outside (e.g. building and campus design, curriculum, timetabling, transport infrastructure), but also explore the interconnections between the different interventions and possible 'multiplier effects'. Furthermore, it would be hoped that at least some 'interventions' would be designed to encourage parallel practice in other organisations and to influence 'upwards' – impacting on policy outside as well as within the university. Tracking the impacts of these advocacy, mediation and enablement roles (see Figure 4) should be an integral part of evaluation.

- The range of issue-focused programmes operating within a setting do not (and, indeed, within the context of a settings approach, should not!) function in isolation. For instance, transport policy will impact on physical activity and mental well-being; mental health promotion programmes will interact with and impact on sexual behaviour, food-related behaviour and substance use; and wider regulations and action relating to advertising and sponsorship will influence intra-institutional programmes focused on food and alcohol.

Source: Dooris (2006a)

2.6.2 History and Development

There has, over the past fifteen years or so, been growing interest in applying the settings-based approach within the context of higher education (Dooris, 2001; Doherty and Dooris, 2006) – and it is informative to trace this history.

In 1994, following the first international conference on settings-based health promotion, organised by the University of Central Lancashire in collaboration with the WHO Regional Office for Europe (Theaker and Thompson, 1995), Lancaster University established a Health Promoting University Initiative and appointed a Co-ordinator (Dowding and Thompson, 1998). The following year, the University of Central Lancashire followed suit and the Faculty of Public Health Medicine (1995) published an issue of its newsletter that took Health Promoting Universities as its focus topic. In the editorial, Beattie (1995) noted that:

"initiatives in universities have emerged more or less in parallel with projects on the health-promoting workplace, school and hospital, but – without the benefit of any national or international infrastructure – they are only just beginning to generate a momentum of research and development." (p. 2)

Perhaps reflecting this lack of leadership, the case studies profiled within the newsletter focused primarily on health promotion projects *in* settings rather than demonstrating a whole university settings-based approach – exceptions being Lancaster University (Dowding, 1995) and Newcastle Medical School (White and Bhopal, 1995).

A conference organised in 1996 by Lancaster University in collaboration with WHO served as the catalyst for a WHO 'Round Table' meeting and the subsequent publication of the seminal book *Health Promoting Universities: Concept, Experience and Framework for Action* (Tsouros *et al*, 1998). This included conceptual and contextual chapters together with case studies of practice in English universities (reflecting a similar diversity of interpretation and practice to that identified above). It also proposed strategic frameworks for future development at university and European levels (the latter within the framework of the WHO Healthy Cities Project). The book served an important role in putting the concept and practice of Healthy Universities 'on the map' and in providing international endorsement. However, its potential influence was weakened by the lack of any subsequent action at international or national levels. Consequently, no formal programme was developed to facilitate the translation of rhetoric into policy or practice.

Nationally, having championed the National Healthy Schools Programme since 1999, the Government responded to a groundswell of interest and activity in Healthy Colleges and Healthy Universities by including reference to further education and higher education sectors in its 2004 White Paper *Choosing Health* (DH, 2004). The subsequent Implementation Strategy *Delivering Choosing Health* (DH, 2005c) expressed a commitment to:

> *"support the initiatives being taken locally by some colleges and universities to develop a strategy for health that integrates health into the organisation's structure to:*
>
> ➢ *create healthy working, learning and living environments;*
>
> ➢ *increase the profile of health in teaching and research; and*
>
> ➢ *develop healthy alliances in the community." (p. 102)*

Although neither lead responsibility nor timescale for delivery were specified at this stage, UCLan responded to an increasing demand for information and advice by establishing in 2006 the English National Healthy Universities Network, as a means of facilitating the sharing of experience and practice and providing peer support (Doherty and Dooris, 2006). The following year, partly in response to the pioneering work of the rapidly expanding Healthy Colleges Network, the DH appointed a Further Education Advisor within its National Healthy Schools Team – going on to commission an evidence review (Warwick, Stratham and Aggleton, 2008) and launch a Healthy Further Education Programme jointly with the Department for Innovation, Universities and Skills (DIUS).[16] Concurrently, the TPHNs initiative, led by the DH's Head of Public Health Workforce and Capacity, built on its commitment to increase the profile of public health within curricula and workforce development by including as a second aim *"to create health promoting universities and colleges."*[17]

2.6.3 Theory and Practice

As indicated above, the WHO book (Tsouros et al, 1998) was significant in that it not only highlighted the general principles, perspectives, processes and characteristics of settings-based health promotion, but also took account of the specific roles of universities – acknowledging that the University as a setting is influenced by its own history and infused with its own distinctive culture and ethos. Whilst universities share many features in common with all large organisations, they also have a number of particular roles – in enabling learning and development, in fostering creativity and innovation, as resources for and partners with the wider community, in facilitating the development of independence and lifeskills, and in educating for global citizenship.

Dooris (2001), drawing on these perspectives and integrating them with reflections on the experience of UCLan in developing and implementing their Health Promoting University initiative, has set out a conceptual framework and proposed a 'social ecosystem' model. This articulates the potential value of the Healthy Universities approach as an investment in the health and well-being of students and staff within, outside and beyond their university lives. This systems-based approach has been explored further in more recent work (Dooris, 2006a) and represents a commitment to the 'future-shaping' role of higher education – recognising the potential to increase understanding of health, well-being and sustainable development (and of their underpinning social, political, economic, cultural and environmental determinants) and encourage the development of value-based perspectives that students and staff will take into their lives, thereby being sources of influence within families, communities and societies (see Figure 4). Other papers further draw on UCLan's experience, applying the conceptual framework to mental health promotion (Dooris, 1999) and exploring

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[16]   http://www.dius.gov.uk/mailshots/mailshot_150708.html#contentItem2 – accessed 09 January 2009

[17]   http://nwph.net/NWTPHN/aboutus.aspx – accessed 09 January 2009

opportunities and challenges and offering reflections on the processes involved in moving from idea to implementation (Dooris, 2002; Dooris and Martin, 2002).

Figure 4: Settings as Systems – The Example of a University
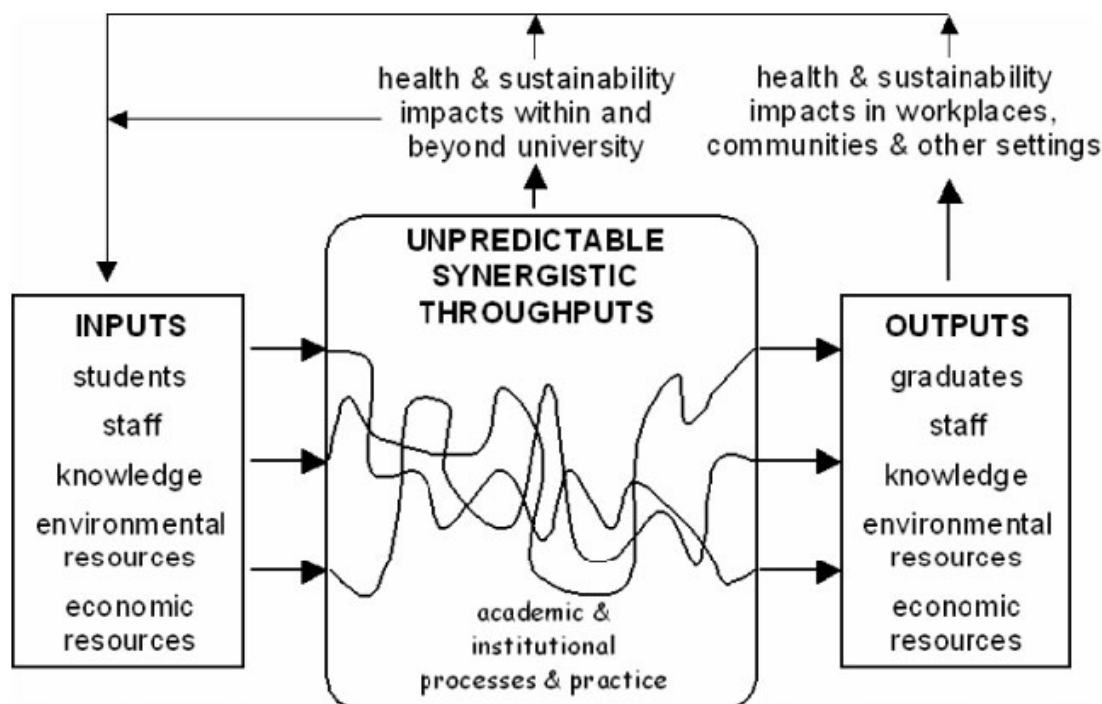
Source: Dooris (2006a)

Subsequent academic literature on health promoting universities has largely reported on experience drawn from practice, or detailed focused research framed within the conceptual context of Healthy Universities:

- A number of papers have described research relating to health promotion needs assessment and implementation in German and Lithuanian universities (Stock, Wille and Krämer, 2001; Stock et al, 2003; Meier, Stock and Krämer, 2007).

- Lee (2002) has described the establishment of a health promoting university initiative at the Chinese University of Hong Kong, which initially prioritised food, exercise and sport; mental health; and health in the workplace. Xiangyang *et al* (2003) have reported on a study that aimed to create six health promoting universities across Beijing, using the framework of the Ottawa Charter for Health Promotion – concluding that the university community can benefit greatly from implementing health promotion campaigns based on the principles of the Ottawa Charter. Whitehead (2004), based in New Zealand, has reviewed previous literature and argued the case for nurses playing a key role in the development and implementation of health promoting universities.

It is noteworthy that this literature has emerged from two main geographical areas – Germany and Asia Pacific – and that networks have been established in both (the German Network in 1995, the Asia Pacific Network in 2007).[18] [19]

Within the UK, there has been a recent burgeoning of interest in the concept and practice of Healthy Universities, as evidenced by the establishment and growth of the English National Network. The Network was formed in 2006, in response to growing demand from HEIs interested in developing and implementing this 'whole university' approach. Convened by the Healthy Settings Development Unit at the University of Central Lancashire, it now has a membership of around 60 people – drawn from 45

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[18]   http://www.gesundheitsfoerdernde-hochschulen.de/ – accessed 09 January 2009
[19]   http://www.cuhk.edu.hk/cpr/pressrelease/070310e.htm – accessed 09 January 2009

HEIs and 14 PCTs and other bodies. Members represent a diversity of staffing groups – including Student Services, Sports, Human Resources and Academic Departments. The Network uses meetings, events and electronic communication to:

- Facilitate the exchange of information, ideas, practice and experience related to the implementation of Healthy Universities
- Develop and promote models of good practice relating to student, staff and community health and well-being.
- Advocate and advise on the Healthy Universities approach at regional and national levels.

The Network has agreed a framework for action for HEIs to work within and build a common understanding of what the Healthy University approach means (Dooris and Doherty, 2008). This reflects a broad holistic understanding of health and well-being and sets out a number of principles and aims (see Figure 5):

Figure 5: The Healthy University: Principles and Aims
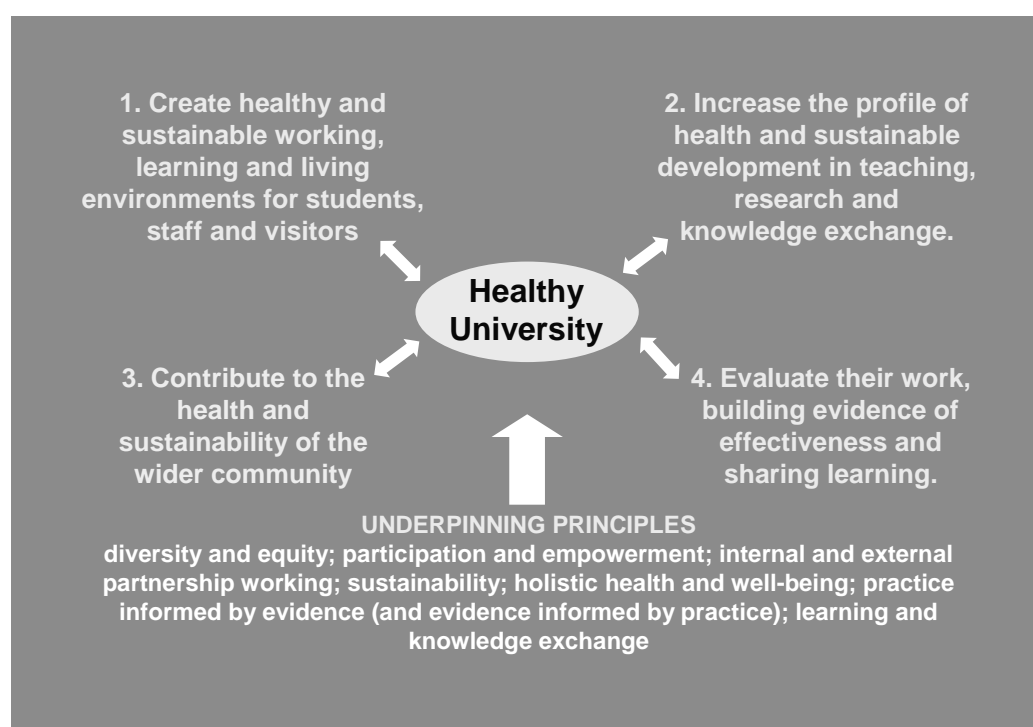
As set out in the framework, the Healthy University approach incorporates six key elements (see Figure 6):

- *Generating High Visibility Innovative Action*: through high profile projects exploring the interconnections between different stakeholder groups and their environments and behaviours.
- *Leading Organisational and Cultural Change*: by embedding the principles and aims of the Healthy University into the organisational ethos, culture and policy and planning processes.
- *Securing Senior Level Commitment and Corporate Responsibility*: through the leadership and advocacy of senior decision-makers for health, well-being and sustainable development.
- *Enabling Wide-Ranging Participation*: by encouraging and facilitating the active involvement of students and staff in identifying and prioritising needs and planning and delivering action.

- *Anticipating and Responding to Public Health Challenges*: by ensuring the university is at the forefront of action to address key challenges pertaining to its population.
- *Helping to Deliver the Institutional Agenda*: by mapping public health challenges against the university's core business agenda and demonstrating clearly its role in helping to deliver this.

Figure 6: The Healthy University – Key Processes

Whole University Approach

organisational development & change management	top-down political/ managerial commitment	institutional agenda & core business
⇅	⇅	⇅
high visibility innovative projects	bottom-up engagement & empowerment	public health agenda

Methods
e.g. policy, environmental modification, social marketing, peer education, impact assessment

Values
e.g. participation, equity, partnership, empowerment, sustainability

Source: Adapted from Dooris (2004)

The framework document also suggests that effective management and co-ordination is likely to require a high level project steering group, a designated project co-ordination role and clearly defined roles for other stakeholders. It also presents an operational model as a guide to establishing and implementing a Healthy University initiative (see Figure 7).

Figure 7: The Healthy University – Operational Model

Entry Points/Catalysts:
- Champion/Advocate
- National/International Programme or Standard
- Groundswell

SMT Commitment High Level Steering Group

Named Co-ordinator

Stakeholder mapping & audit

Working Groups

Action Plan

Delivery

Monitoring & Evaluation

Recognition & Celebration
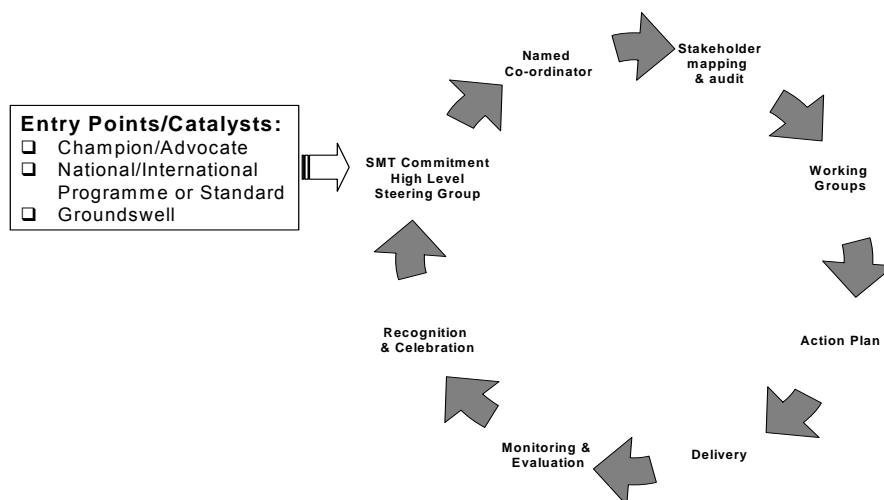
2.7 Connections to Parallel Agendas

2.7.1 Introduction

As indicated in Figure 6, the healthy university approach requires a focus on the core business and institutional agenda of an HEI. Furthermore, it is increasingly acknowledged that there has been a convergence between public health and a number of parallel agendas. Whilst even a rapid review of this wider literature was beyond the scope of or resources available to the project, it is important to acknowledge and make explicit connections to parallel agendas.

2.7.2 Key Higher Education Policy Priorities

If a Healthy University is to be driven by the core business as well as public health priorities, it is crucial that it engages with and identifies contributions to policy priorities such as student recruitment, retention and experience; widening participation; and employee performance and productivity. An emerging body of work (e.g. Black, 2008) suggests that healthy settings lead to greater productivity, with individuals reporting an increased sense of being valued along with greater energy, focus and satisfaction. Yorke and Longden (2004) have estimated that the total cost of student attrition in the UK is around £110 million per year. Acknowledging that students leave their courses early for a range of personal, institutional, course-related and financial reasons, the National Audit Office (2007) identified the importance of a strategic approach that addresses issues relating to organisational culture and most significantly a health and well-being focus as a critical success factor in both retention and satisfaction (translating into financial benefits for the higher education sector as a whole and for students in their future careers).

2.7.3 Well-Being

Well-being has for many years been closely linked to health, as evidenced by the well-known definition *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (WHO, 1948). In recent years, however, the concept has received increased attention at both personal and collective levels. In their report commissioned by the QAA, Steuer and Marcs (2008) advocate an approach to quality in higher education that explicitly seeks to enhance well-being at both these levels.

The New Economics Foundation has defined well-being as *"the dynamic process that gives people a sense of how their lives are going through the interaction between their circumstances, activities and psychological resources or 'mental capital'."*[20] More widely, local authorities in England have a duty to lead their local strategic partnerships in the production of sustainable community strategies that promote the economic, social and environmental wellbeing of the local area and contribute to the achievement of sustainable development (Department for Communities and Local Government, 2006).

2.7.4 Sustainable Development and Corporate Social Responsibility

Sustainable development has been defined as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (World Commission on Environment and Development, 1987: 43). The importance of forging stronger connections between health and sustainable development has been highlighted by the major UK public health bodies (UK Public Health Association, 2007; Griffiths and Stewart, 2008). With regard to the higher

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[20] http://www.neweconomics.org/gen/well-being_what.aspx – accessed 09 January 2009

education sector, Cole (2003) has defined a sustainable campus community as *"one that acts upon its local and global responsibilities to protect and enhance the health and well-being of humans and ecosystems."* This is echoed by Alshuwaikhat and Abubakar (2008), who argue that *"a sustainable university campus should be a healthy campus environment."* Within English policy, this connection has been appreciated by the Learning and Skills Council (2005), which in its strategy for sustainable development advocates the implementation of the Healthy College approach within further education.

Securing the Future: The UK Sustainable Development Strategy (Department for Environment, Farming and Rural Affairs, 2005) identifies 'ensuring a strong, healthy and just society' as one of its five guiding principles. It also emphasises the role that education can play in raising awareness among young people about sustainable development and giving them the skills to put sustainable development into practice. It places priority on the development of sustainability literacy as a 'core competence' among graduates – a similar emphasis to that expressed in the United Nation's commitment to a Decade of Education for Sustainable Development 2005-2014.[21] A report for the HEA (Dawe, Jucker and Martin, 2006) explored how different subject disciplines taught within the higher education system contribute to creating 'sustainability literate' graduates. It highlighted the importance of holistic thinking that encourages connections to be forged between subjects – and identified four main barriers to embedding sustainable development in the learning experience: an overcrowded curriculum; perceived irrelevance by academic staff; limited staff awareness and expertise; and limited institutional drive and commitment.

In 2005, HEFCE published its *Sustainable Development Strategy* (HEFCE, 2005), with the vision that:

> *"within the next 10 years, the higher education sector in this country will be recognised as a major contributor to society's efforts to achieve sustainability – through the skills and knowledge that its graduates learn and put into practice, and through its own strategies and operations"* (p. 8).

In this respect, there is growing appreciation that although HEIs' core activities are education and learning, they are also large organisations with a responsibility to manage their environmental, economic and social impacts. Whilst the field of corporate environmental and social responsibility has until recently tended not to engage extensively with the language of health and well-being, it is clear from work focused on the NHS that there is enormous synergy and relevance (NHS Confederation, 2007; Sustainable Development Commission, 2005). Business in the Community conducted a study involving 25 HEIs which explored the potential to benchmark environmental performance and corporate responsibility in the higher education sector. The report *Universities that Count* (Business in the Community, 2007) concluded that it is appropriate and timely to introduce benchmarking for universities, but that this will require technical and financial support.

3.   METHODOLOGY

3.1   Overview

In January 2008, following consultation with the Project Advisory Group, the methodology and timetable proposed in the application for mini-project funding was revised in the form of a more detailed project plan (see Appendix 1). This specified four strands: a literature review (see 2. above); HEI-level stakeholder mapping, engagement and consultation; national-level stakeholder mapping, engagement and consultation; and joint action planning and reporting.

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[21]   http://portal.unesco.org/education/en/ev.php-URL_ID=23279&URL_DO=DO_TOPIC&URL_SECTION=201.html – accessed 09 January 2009

During the course of the project, questionnaires, interview schedules and consent forms were submitted to UCLan's Faculty of Health Ethics Committee and ethical clearance secured. All those invited to participate in the research were given information sheets and, where appropriate, consent forms (in certain cases being invited to be identified and have data attributed to them).

3.2 HEI-Level Research

This strand of the project comprised two stages – an overview audit; and follow-up mapping and consultation.

With guidance from the Project Advisory Group, a brief first stage web-based scoping questionnaire was prepared using the online *Survey Monkey* tool[22] (see Appendix 2) – in order to audit current activity and identify purposive samples of universities interested and engaged in the Healthy University process. Recognising that HEIs are large and diffuse institutions and that Healthy University initiatives are led from a wide range of locations, discussion took place with the Project Advisory Group regarding how best to contact HEIs to participate in the research. For pragmatic reasons, it was therefore decided that the primary contact route should be via the nine Regional TPHN leads (with the TPHN central co-ordination unit taking responsibility for cascading the invitation email and letter). Each lead was asked to provide confirmation of having sent out the invitation and to provide a list of HEIs on their distribution list. This feedback revealed a number of gaps: in one region, the TPHN lead was unable to carry out this distribution; and in other regions, it was found that distribution lists omitted a number of HEIs. Having as far as possible identified the omissions, the research team arranged to distribute invitations either directly or via the Association of Managers of Student Services in Higher Education (which offered to assist). In addition, reminder emails were sent in March directly to non-respondents. A total of 117 HEIs received invitation emails and of these, 64 completed the survey, represented 55% of the sample. Acknowledging that the distribution strategy did not guarantee that emails and questionnaires would be directed to the most appropriate person, this was felt to be a satisfactory response rate that perhaps reflected the growth of interest in this field of work.

On the basis of responses to the first stage audit questionnaire, a decision was taken to conduct the second stage research with three purposive samples – comprising (see Table 1):

- *Sample 1*: 12 HEIs that identified as having an established Healthy University initiative in place, selected on the basis of further information provided and to ensure representation from different regions, different categories of institution and different types of leadership (n=12). These HEIs were asked to consent to be identified in the research report and to have case study data attributed to them.

- *Sample 2*: The remaining HEIs that identified as having an established Healthy University initiative in place (n=16)

- *Sample 3*: HEIs that identified as not having an established Healthy University initiative in place but which expressed interest in a national programme (n=32).

With guidance from the Project Advisory Group, three further sets of questions were developed and successfully submitted for ethics clearance where necessary (see Appendices 3-5):

- questions aimed at gaining in-depth data that would enable the generation of detailed institutional case studies: circulated to Sample 1: n=12; number of respondents=6 (50%)

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[22]   http://www.surveymonkey.com

- questions to generate overview information on HEI-based initiatives: circulated to Samples 1 and 2: n=28; number of respondents=15 (54%)
- a short web-based questionnaire to explore perceptions relating to the development of a national programme, made available to all three samples: n=60; number of respondents=18 (30%).

In late May, the first two sets of questions were disseminated by email[23] together with an information sheet and consent form, with follow-up reminders being emailed as required. HEIs were invited to participate in the web-based research via an email invitation. As can be seen, the response rate for each of the email questionnaires was, again, 50% or more. Furthermore, several HEIs in Samples 1 and 2 contacted the research team to apologise and explain that, for a variety of reasons, they felt unable to participate in the research. The lower response rate of 30% for the web-based questionnaire was disappointing but perhaps not surprising given the fact that all those receiving the invitation email had recently completed the on-line scoping questionnaire and may have perceived this as 'overload'.

Table 1: 2nd Stage HEI-Level Research – Methodology Summary

	Questionnaire 1: to gather in-depth data to enable production of case studies on Healthy Universities n=12; 6 responses [50%]	**Questionnaire 2**: to gather overview information about Healthy University work n=28; 15 responses [54%]	**Questionnaire 3**: to explore perceptions relating to the development of a national programme n=60; 18 responses [30%]
Sample 1: HEIs with established Healthy University initiative, selected to ensure representation from different regions, categories of institution and types of leadership [n=12]	✓	✓	✓
Sample 2: other HEIs with established Healthy University initiative in place [n=16]	✗	✓	✓
Sample 3: HEIs without established Healthy University initiative in place but interested in national programme [n=32]	✗	✗	✓

3.3 National-Level Stakeholder Research

With guidance from the Project Advisory Group, a purposive sample of key national-level stakeholder organisations was identified (see Table 2). The wide-ranging nature of higher education and of the Healthy University agenda required that the views and perspectives of a diversity of stakeholder organisations (and individuals within those organisations) be taken into account. The sample chosen is evidently not exhaustive and the selection process began with a 'long list' – recognising that it would have been insightful to interview other bodies from within both the higher education sector (e.g. GuildHE, Quality Assurance Agency for Higher Education [QAA], Universities and Colleges Employers Association [UCEA], Universities Personnel Association [UPA], British Association of Health Services in Higher Education [BAHSHE], British Universities and Colleges Sport [BUCS]) and the public health field (e.g. Faculty of Public Health, UK Public Health Association). However, it was also necessary to be realistic about what could be achieved within the constraints of available resources and time – and the final sample sought to balance pragmatism with a desire to engage and consult an appropriate range of stakeholder bodies.

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[23] The in-depth and overview questions were combined into a questionnaire sent to Sample 1; the overview questions only formed a second questionnaire sent to Sample 2.

Appropriate individuals within these organisations were identified and contacted (see Table 2). All the organisations approached agreed to participate in the stakeholder research in the form of an interview aimed at mapping current roles and responsibilities relating to health and exploring perceptions regarding the potential development of a national programme on Healthy Universities. They also consented to be identified in the research report and to have data attributed to them. A consultative semi-structured interview schedule was then drawn up (again with guidance from Project Advisory Group members) and piloted with members of the English National Healthy Universities Network at their meeting in April 2008. The schedule was finalised (see Appendix 6) and a research and engagement exercise was then undertaken between May and September 2008, using individual and small group interviews (seven face-to-face and two by telephone).

Table 2: Stakeholder Interviews

Association of Managers of Student Services in Higher Education	AMOSSHE	Sally Olohan (SO)	Executive Officer (2008/9)
Department of Health	DH	Mala Rao (MR)	Head of Public Health Workforce & Capacity
		Peter Chell (PC)	Further Education Adviser
Department of Innovation, Universities and Skills	DIUS	Elizabeth Ammon (EA)	Team Leader, Higher Education Group
		Karis Hewitt (KH)	Policy Officer, Higher Education Group
Higher Education Academy[24]	HEA	David Sadler (DS)	Director (Networks)
Higher Education Funding Council for England	HEFCE	David Noyce (DN)	Associate Director
Leadership Foundation for Higher Education	LFHE	Ewart Wooldridge (EW)	Chief Executive
National Union of Students	NUS	Amu Uzowuru (AU)	Vice President (Welfare)
		David Malcolm (DM)	Social Policy Team Leader
		Sarah Wayman (SW)	Welfare Policy officer
Royal Society for Public Health[25]	RSPH	Richard Parish (RP)	Chief Executive
Universities UK	UUK	Sir Andy Haines (AH)	Chair, Health and Social Care Policy Committee
		Eve Jagusiewicz (EJ)	Policy Adviser

3.4 Joint Action Planning and Reporting

Opportunities were taken throughout the project to report interim findings at relevant conferences and events (e.g. National TPHNs Learning Set; English National Healthy Universities Network; UUK seminar on Climate Change and Health; AMOSSHE annual conference) and thereby to engage further stakeholder organisations.

Informed by the findings from the above research and development activities and by further discussions with the Project Advisory Group, it was decided to hold an interactive workshop at the November meeting of the English National Healthy Universities Network. The aims of this were to present findings, validate data, inform the action planning process and secure further buy-in to potential future developments (see Appendix 7). Data from all four strands of the project were then fed into the final reporting process. Consideration was also given to convening a further workshop with the national-level stakeholder bodies, but it was decided that it

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[24] This was the central team of the Higher Education Academy, rather than its Health Science and Practice Subject Centre (which co-funded the research).

[25] At the time of interview, Richard Parish was Chief Executive of the Royal Society for the Promotion of Health and Chief Executive Designate of the Royal Society for Public Health.

would be more productive to complete the action planning and reporting stage of the project and subsequently work with the HEA Health Sciences and Practice Subject Centre and DH to build on its findings and further engage these organisations.

3.5   Limitations

The methodology chosen for the project was guided by the Project Advisory Group but also influenced by the funding available to carry out the work. Reflecting on the decisions made, the project inevitably had limitations:

- *Literature Review*: As indicated in 2.1, the literature review was neither comprehensive nor systematic. However, it provided a useful context for the empirical research and it would have been inappropriate within a small-scale research project to have invested more resources in scoping the literature.

- *HEI-Level Research – Stage 1*: When contacting HEIs regarding the Stage 1 web-based scoping questionnaire, the main challenge was to direct emails and questionnaires to the most appropriate individuals within large and complex organisations. Whilst it would in many ways have been desirable to have contacted a diversity of stakeholders in order to ensure maximum coverage, it was felt that this would over-stretch available resources in relation to both distribution and data analysis (in particular because it would be likely to generate multiple responses from HEIs). The decision to use the regional TPHN leads as the main contact route was therefore taken for practical reasons, but inevitably represented a compromise in methodological terms.

- *HEI-Level Research – Stage 2*: In generating further data from HEIs responding to the Stage 1 questionnaire, methodological decisions reflected a trade-off between the limited funding available for the research and the desire to build on the Stage 1 interest and engagement. Firstly, it was decided that the Stage 2 research should follow up all HEIs that either had a Healthy University initiative in place or had indicated that they would be interested in a national programme. However, taking account of time available for data analysis and interpretation, it was decided that the purposive sample invited to submit data to enable the generation of case studies should be limited to 12 HEIs. Secondly, it was decided that questionnaires should be used as the means for data collection as there would be insufficient time available to use interviews or focus groups – even though these methods would have been likely to generate more in-depth data.

- *National-Level Stakeholder Research*: As the project aimed not only to consult with national-level stakeholder bodies, but also to engage them in the Healthy Universities agenda and secure commitment and 'sign-up', it was agreed that the most appropriate methods would be interviews. As indicated in 3.3, the purposive sample of stakeholder organisations chosen for the research was in no way exhaustive. Whilst recognising that it would have been illuminating to have engaged a wider range of agencies in the research, the decision to limit the sample to nine represented a practical response to resource constraints.

- *Joint-Action Planning and Reporting*: As discussed in 3.4, the workshop held with members of the English National Healthy Universities Network worked well as a means of validating data, informing action planning and securing further engagement. The decision not to convene a workshop with national-level bodies until after completing the action planning and reporting was a pragmatic response made with guidance from the Project Advisory Group – with a view to the project funders working with UCLan to build on the project's findings at a later date.

4. FINDINGS

4.1 Introduction

As outlined above (see 3.1), the project comprised two main research and development strands operating at the levels of individual HEIs and national stakeholder organisations. In addition, findings from these strands were presented, discussed and validated at an interactive stakeholder workshop of the English National Healthy Universities Network.

4.2 HEI-Level Mapping and Consultation

4.2.1 Introduction

As detailed above (see 3.2), the HEI-level research comprised two stages – a brief web-based audit questionnaire scoping current activity and interest in future developments; and more detailed exploration of Healthy Universities initiatives and examination of views regarding the potential development of a national Healthy Universities programme.

4.2.2 Stage 1 Findings: Overview Audit

As indicated previously (see 3.2), of the 117 HEIs receiving invitation emails, 64 completed the overview audit survey, representing 55% of the sample. Data analysis revealed some variation in response rate between different regions (see Table 1). It was noticeable that the lowest response rate was the South East, the only region where the TPHN did not circulate the invitation email, whilst the highest were the North East, Yorkshire and Humberside and Eastern – the latter two of which have regional-level Healthy University networks initiated by their TPHNs.

28 (44%) of the 64 HEIs completing the Stage 1 questionnaire stated that they have an established Healthy University initiative, with 18 (61%) of these having a steering/advisory group in place and all but 4 (14%) having secured senior management commitment. Regional differences were again apparent, the percentage of responding HEIs having a Healthy University initiative in place varying between 25% and 75% (see Table 3).

Table 3: Summary Information from Stage 1 Audit of HEIs

Region	Number of HEIs Emailed	Number of HEIs Responding	Response Rate	Number of HEIs responding with a Healthy University Initiative	Percentage of HEIs responding with a Healthy University Initiative
North East	5	5	100%	2	40%
North West	13	8	62%	6	75%
Yorkshire & Humberside	11	9	82%	6	67%
E. Midlands	9	6	66%	3	50%
W. Midlands	11	7	55%	2	29%
Eastern	7	5	71%	2	40%
South East	16	3	19%	1	33%
London	35	16	46%	4	25%
South West	10	5	40%	2	40%
TOTAL	117	64	55%	28	44%

It was also clear that interpretation of the Healthy University concept is very variable. Some respondents listed relatively narrow aims such as *"to hold a health week each year to promote healthy lifestyles to students and staff"* and *"to increase awareness of sexual health issues and relationship issues"*; some indicated that their focus is on a particular sub-group of the university population – specifying that they seek *"to promote a healthy and safe lifestyle among students"* or "*to promote health and well-being in the workplace"*; and others articulated a more holistic or 'whole system' understanding – such as *"to be a healthy, ethical, environmentally-friendly and sustainable community which values well-being"* or *"to raise the profile of health, well-being and sustainability within the culture, structures and processes of the university."* Of those without a Healthy University programme, 23 (64%) indicated that their HEI has held discussions about this type of initiative. Linked to these differing interpretations, the data confirmed that Healthy University initiatives are led from a wide range of different services and departments – the most common being Human Resources/Occupational Health, academic departments/institutes, Students Services and Sport (see Figure 8).

When asked whether they would be interested in finding out more about and/or participating in a national programme on Healthy Universities, 96% of HEIs that responded answered 'yes'.

Figure 8: Leadership of Healthy Universities Initiatives
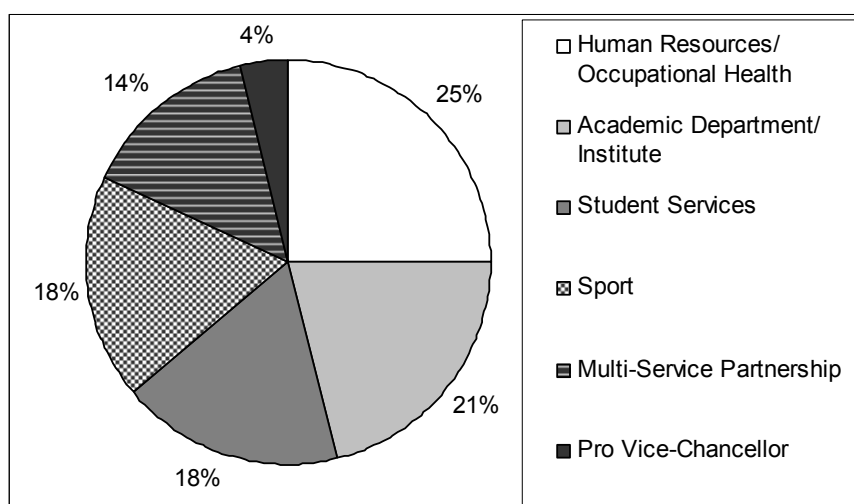
4.2.3 Stage 2 Findings: Mapping and Consultative Research

As outlined above (see 3.2), the Stage 1 overview audit was followed up with further research aimed at gaining a more detailed picture of HEI-level Healthy University initiatives and exploring perspectives on the development of a national Healthy Universities programme.

HEI-Level Healthy University Initiatives

Both Samples 1 and 2 were asked to respond to the set of overview questions, and Sample 1 were additionally asked to respond to a set of more in-depth questions, with a view to obtaining information that could inform the development of institutional case studies (see Appendix 8).

Overview of Initiatives

Of the 15 HEIs (54%) from Samples 1 and 2 responding to the overview questions, one reported that it has not established a formal initiative, one established its initiative in 1995 and the other 13 established their initiatives between 2005 and 2008

– reflecting the relatively recent increase in interest. All but one of the HEIs has secured senior management commitment and leadership and, confirming the findings of the Stage 1 research, initiatives are led from a variety of bases (Academic Department – 3; Sport – 3; Student Services – 2; Occupational Health – 1; Human Resources – 1). In addition, five HEIs reported that their initiative is not led from any one base, but by a multi-disciplinary team. Those HEIs that have chosen to brand their initiative use a variety of titles ('Healthy University', 'Healthy Campus', 'Health Promoting University', 'Healthy U') and six reported having websites.

Asked about how their initiative had been established and developed, HEIs reported three main types of driver:

▪ **Needs Assessment:** responding to research into student or staff needs – an example being the Leeds PCT-led student health needs assessment (Vo, Erskine and Cameron, undated)

▪ **'Bottom-Up':** catalysed by the interest and motivation of individual staff members, often drawing on experience from other HEIs, sectors or countries

▪ **'Top-Down'**: stimulated by changing contexts and agendas, either externally driven (e.g. through the TPHN establishing a regional initiative in Yorkshire and Humberside) or internally driven (e.g. following restructuring or in response to strategic priorities).

They also identified a range of priority work areas, the most commonly reported being mental well-being, physical activity, healthy eating, alcohol and sexual health (see Figure 9).

Figure 9: Healthy Universities – Priority Work Areas
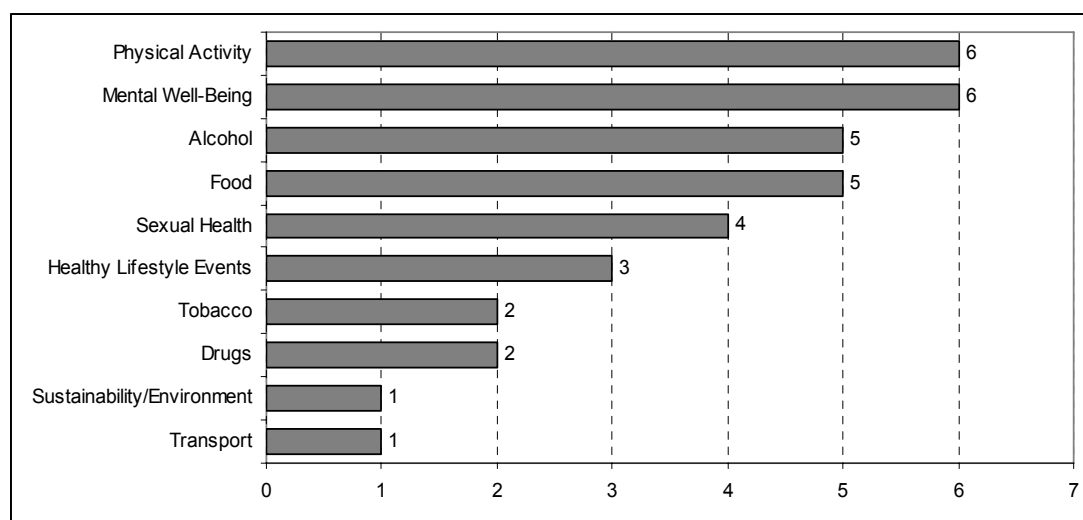
Leadership, Co-ordination and Implementation

Of the six HEIs responding to the in-depth questions, all have established senior-level steering groups along with a variety of working groups reflecting their priorities. In terms of resourcing, five of the six HEIs reported having a dedicated co-ordinator/manager, four also having a dedicated non-staffing budget. Furthermore, all the HEIs reported that their initiative has opened up opportunities to access additional funding. All have developed or are in the process of developing an action plan. All reported links to external agencies, describing a wide range of partnership working at both local and regional levels. In some cases, partners such as PCTs, local authorities, specialist services and taskforces are represented on steering groups and working groups. There were many examples of component projects being sustained beyond the short-term – for example, one-off health weeks and events have been embedded to become a mainstream feature of HEIs' activities. In

addition, respondents highlighted the significance of securing system-level change through influencing and developing policies, strategies and plans; developing and re-orienting services; inputting to curriculum planning and delivery; securing the introduction of new schemes (e.g. cycle to work); and inputting to core training modules and tendering processes.

Evaluation

Although all six HEIs recognised the importance of evaluation, it was clear that evaluation to date has been limited in scope and depth. The types of evaluative activity most commonly mentioned were:

- monitoring engagement in specific events, programmes and campaigns
- utilising student, staff and partner feedback (qualitative and quantitative) to ensure quality of services and resources and inform future planning
- monitoring performance against annual targets in action plans
- conducting staff and student surveys
- using impact assessment methodology to evaluate the effectiveness of policies
- using standardised questionnaires to evaluate the introduction of new services.

Whole University Approach

Reflecting on their work, all six HEIs felt that they were either applying or working to apply a whole university approach. They understood this to be characterised by embedding health within the university at the policy/planning level and working with the full range of university services and academic departments. They also identified a number of advantages, including: giving the work a strong strategic direction; increasing visibility; securing a widely-owned understanding of the connections between health topics and university systems; strengthening links with external partners; and building long-term sustainability. Key barriers to such an approach were seen to be: limited resources; size of institution; lack of senior and/or middle management support, the difficulty of securing widespread buy-in (particularly from non health-aware groups); absence of a national 'steer' to legitimate the work; and the changing nature of the SU executive. There was also a strong sense that even when cross-HEI involvement has been secured, the initiative may still be viewed as being owned by the service or faculty where it is based – and that even when the elements of a whole university approach are in place, it can take a long time to change the culture of a large organisation!

Drivers, Linkages and Benefits

A range of perceived drivers and linkages to other agendas were identified. In relation to students, there was a strong sense that the Healthy University approach has the potential to impact positively on recruitment, experience and retention – and to contribute to widening participation. Likewise, the imperative of staff recruitment and retention was highlighted, alongside a recognition that the approach can not only help to reduce sickness absence, but also improve overall staff experience, thereby improving performance and productivity and making a positive economic contribution. A few HEIs also highlighted the value of the Healthy University approach in terms of its contribution to community engagement and community relations and its links with sustainability and corporate social responsibility agendas. More specifically, external drivers such as NHS targets and the HSE audit on stress management were also identified as important facilitators and motivators.

Reflections on the National Network

All six HEIs are members of the English National Healthy Universities Network, which is seen as invaluable in terms of providing peer support and preventing isolation, sharing ideas, practice and resources, and increasing visibility and creating a critical mass. Ideas for the future development of the Network include:

- engagement and involvement of key stakeholder bodies
- a strengthened role in advocating for and helping develop national strategy
- increased opportunities for collaborative working across HEIs on joint projects
- development of a website
- provision of training and development workshops on key issues and themes
- expansion to other parts of the UK
- development of a regional structure.

Development of a National Healthy Universities Programme

As indicated above (see 3.2), a short web-based questionnaire was circulated to 60 HEIs to explore further perceptions relating to the development of a national programme. 18 HEIs (30%) completed the questionnaire.

Perceived Benefits

Asked what they thought the potential benefits of a National Healthy Universities Programme would be, the two most common themes to emerge were:

- Increased opportunities for networking, learning from others and provision of good practice case study support (9 HEIs):

  "More opportunities to network and share good practice."

  "Ability to create/develop a few 'champions' and for others to learn from these champions …greater level of support and co-ordination."

- Provision of a common base line, national standard or standardised approach, offering something to aim for that is recognised and measurable (7 HEIs):

  "The importance of healthy universities is hinted at in Choosing Health but the why and the how are missing…A national programme…could raise the profile…and give universities something to aim for that can be recognised and measured."

  "I think that the benefits would include a standardised approach."

In addition, respondents felt that a national programme could stimulate increased health-related work in universities, encourage more universities to get involved and adopt the Healthy University model, provide a network of 'champions', help to secure greater buy-in from senior managers, provide leverage for funding, and increase the overall profile of Healthy Universities.

Shape of a National Programme

In considering the possible 'shape' of a national programme, there was strong support for the formulation of general guidance and for the introduction of criteria or minimum standards:

> *"I like the idea of a 'healthy university standard that you can achieve – either as a whole university or for given elements. I think this would need to be assessed in some way and time limited so that we have to show commitment to maintaining our work and building on it. I think that although paperwork can be offputting for some the process needs to be rigorous so as to be worth something in the end."*

> *"Must be evidence based benchmarks created, and with a recognised accreditation system, like Investors In People."*

However, a range of views were expressed about what the focus of this should be: whereas some HEIs would like to see an achievement-based model, others highlighted the value of a process-based approach offering a more flexible framework that sets out the key principles and features of a Healthy University. In terms of operationalising an accreditation programme based on standards or criteria, differing views were expressed – some HEIs arguing for an inspection system similar to Investors in People, others hinting at a looser self assessment system:

> *"It would be difficult to set up an 'achievement' programme which has to be policed."*

"I would like to see a toolkit for how to work towards being a healthy university – to help institutions to prioritize whilst seeing the bigger picture. A programme would need to be quite flexible so that different HEI could work towards general goals in different ways."

Leadership of a National Programme

There was no clear consensus about which organisation(s) would be best placed to lead or champion a National Programme. HEFCE was highlighted by five HEIs, the DH by four, UUK by two and the NUS by two. A range of other bodies (e.g. GuildHE, DIUS, HEA, AMOSSHE, UCEA, BUCS) were also mentioned. In addition, two HEIs highlighted the important role of the English National Healthy Universities Network and two suggested that the TPHNs could potentially play a key role. This support for regional-level developments perhaps reflected the increase in regional activity over the past few years – with Yorkshire and Humberside and Eastern TPHNs initiating Healthy University networks and South West conducting regional-level research (Coghill and Orme, 2008).

4.3 National Stakeholder Organisations Mapping and Consultation

4.3.1 Introduction

As detailed above (see 3.3), consultative semi-structured interviews were conducted with a purposive sample of nine key stakeholder organisations. The interview schedule (see Appendix 6) was structured to map current health-related activity; ascertain awareness and knowledge; explore views on national programme development; and examine perspectives on how a programme might be led and what shape it might take.

4.3.2 Findings: Stakeholder Interviews

Current Health-Related Activity

All stakeholder organisations saw health and well-being as important. AMOSSHE, DIUS and UUK highlighted their activities in relation to communicable disease pandemic planning, with AMOSSHE also mentioning their work in the field of drugs and alcohol. NUS interviewees understood their organisation to have a more wide-ranging responsibility, identifying two main roles – HEI-level awareness-raising and education; and national-level advocacy and campaigning. DH representatives discussed their role in supporting the Government's public health policy, which is underpinned by a belief that health is the responsibility of all sectors including higher education. Richard Parish from RSPH built on this perspective by discussing the importance of supporting the Healthy University approach because of its potential to shape tomorrow's leaders.

Interviewees also mentioned a number of issues connected to public health with which their organisations were engaged. These included:

▪ Sustainable development and climate change (DH, DIUS, HEA, HEFCE, NUS, UUK)
▪ Student experience (AMOSSHE, DIUS, NUS, UUK)
▪ Diversity (LFHE, NUS)
▪ Community links and 'studentification' (DIUS, NUS)
▪ Leadership, governance and management (HEFCE, LFHE)
▪ Liaison with NHS re. projected demand (HEFCE)
▪ Work-life balance (LFHE)
▪ Bullying/harassment (LFHE)
▪ 2012 Olympics (HEFCE)

Awareness and Knowledge

The majority of those interviewed were aware of the National Healthy Schools Programme, exhibiting varying levels of knowledge and understanding. However, there was only limited awareness of the healthy settings approach being applied in other contexts, including higher education. As health-focused bodies, DH and RSPH were, not surprisingly, cognisant with the approach and aware of an emergent Healthy Universities movement. AMOSSHE, NUS and UUK demonstrated familiarity with initiatives being undertaken in individual HEIs, but were not fully aware of the national reach of the approach. Interviewees from DIUS, HEA, HEFCE and LFHE had only become aware of the work when approached to participate in the research.

Views on the Development of a National Programme

Support for a National Programme

All organisations confirmed that they would, in principle, be supportive of the development of a national Healthy Universities programme. Reflecting on the rationale for this type of work, the health-focused stakeholder organisations articulated strong arguments for such a development:

> "The higher education sector has a critical responsibility to play its part in improving the health and well-being of populations…It makes up a very large workforce; it also has captive within it a very large group of students and learners during the day…So there's something here about being exemplary in how it behaves in promoting health and well-being as an organisation, and secondly how it promotes it through learning and knowledge transfer…highlighting how health is linked to whatever it is people are studying, everything from built environment to medicine to business to economic policy…" (MR-DH)

> "Yes, not only the fact that it's important for staff and students now – but because these are the people who are going to become the leaders of industry, our public services, our universities and our voluntary organisations in the future. So, it helps to set the tone and establish a climate within which they are going to be more receptive to these ideas when those students find themselves in positions of influence in due course." (RP-RSPH)

Other organisations such as LFHE and AMOSSHE were enthusiastic about connecting their core areas of work to the Healthy Universities agenda:

> "Definitely yes. Even though this isn't overtly articulated in our work, you've only got to just go beneath the surface to realise that this is a key dimension of leadership…So, of course we would be supportive and I could see it…becoming an overt dimension of our work." (EW-LFHE)

> "There's been a broadening of the remit of AMOSSHE, embracing the student experience concept…In that context there is a role for the leaders of student services to be looking at well-being issues in higher education." (SO-AMOSSHE)

Although still enthusiastic, UUK emphasised that their support would depend on such a programme being sector-led and there being a clear demand from their membership, whilst others stressed the importance of Government backing:

> "What we can't do at UUK is tell our members what to do…we provide services to our members." (EJ-UUK)

> "I don't see how DIUS could say no, but it couldn't go beyond that broad support – there'd be no legislative framework to make things happen." (EA-DIUS)

Reflections of Lack of Leadership to Date

Asked why there had been little national-level leadership on Healthy Universities to date, interviewees identified a number of key issues. These included:

- the autonomy and independence of the sector and of individual HEIs (DIUS, UUK)
- the challenge of promoting health within organisations for which this is not a core aim (AMOSSHE, UUK)
- a lack of engagement with and understanding of the higher education setting by health-related agencies (AMOSSHE)

- the overriding policy focus on schools and children as the 'big win' (DH)
- the perception of HEIs as 'élite' and students as 'privileged' and a narrow view of what the Healthy Universities concept is about – no systems perspective (DH)
- the predominant political focus on economic productivity and a failure on the part of health promotion to evidence against this measure (HEFCE)
- the absence of any one organisation that sees health and well-being in higher education as their mission or role (HEA)

Drivers and Perceived Benefits

There was, however, also a sense that maybe the time was right – reflecting that for many issues, it's a case of waiting for the right moment and combination of factors:

> "I think it's the same for further education and higher education…There's a massive opportunity at the moment which we mustn't miss. Everything's in the right place – if we don't do it now, things will move on and we'll lose that impetus." (PC-DH)

Expanding on this, stakeholder organisations identified a range of important drivers with which it would be important to engage and in relation to which it would be valuable to articulate likely benefits. It was noticeable that these were largely aligned with the perceived 'core business' of HEIs, a point powerfully made by RSPH:

> "Whenever you are working to persuade another sector or organisation to engage in public health, you have to start with their agenda and show how what you will do will help them achieve the objectives they already have…Identifying the benefits for the universities and how it will meet the agenda they already have has to be the starting point." (RP-RSPH)

The majority of interviewees highlighted the increasingly market-oriented context within which HEIs operate – and discussed the importance of positioning Healthy Universities as a potentially valuable and values-based means of enhancing quality, reputation and distinctiveness:

> "We could be on the cusp of a very major sea change in relation to the whole issue of the competitiveness of universities. A lot of universities need to look very carefully at what their market position is – what is the unique thing that they offer their students and indeed their staff?...[Like sustainable development] I think this is an agenda that can become real and be driven by competition, wanting to get a unique position in the market, to come across with strong values." (EW-LFHE)

> "Universities are businesses…I'd imagine that employee and student welfare would be pretty high on their agenda, because they live or die on their reputation, and if this can help them sell themselves, that will speak to them. It will have to be linked to other drivers such as student recruitment, retention and experience… (EA-DIUS)

> "The…potential benefits would be reputational within the UK as a sector, that's seen as leading and bringing other sectors along with it…Equally, if we do sensitise international students to these issues, then we can potentially have a global impact, larger than their potential impact in the UK." (AH-UUK)

This focus on student recruitment, experience and retention was further developed by a number of interviewees, who saw it as a key driver and obvious potential benefit:

> "It's the idea about the student experience being far more than teaching and learning. If you're healthy and happy, then you're more likely to overcome hurdles than if you haven't got that kind of support…So if you were able to say 'there's something here that's encouraging universities to reach certain standards', then I think that would encourage a lot of people." (SW-NUS)

> "A lot of these universities do use student experience issues to market themselves…if you can show that these sorts of programmes have a good impact on student satisfaction and position in the National Student Survey…" (KH)

This point was reinforced by DH who also drew the connection to achievement:

> "There's a huge number of people out there that don't realise that a healthy, confident, resilient young person or older young person will achieve…We need to clearly say that

we're not just doing this just because we want young people to be healthy, but that there will be a very positive added value in terms of raising achievement." (PC-DH)

AMOSSHE drew a further connection between the widening participation and reducing health inequalities agendas:

"It could be suggested that if we are promoting our widening participation strategies and implementing those in a coherent way, then this agenda should be another key driver…there must be a health inequalities dimension in there." (SO-AMOSSHE)

Alongside this strong emphasis on students, many of the stakeholder bodies identified the renewed workplace health agenda as a key driver and discussed the potential benefits for staff performance and productivity – and the imperative for HEIs to lead change:

"I think [workplace health] is a massive driver…If you're in a supportive environment as a teacher and feel valued, that will reflect through to how you work with the students because you're in a better positive frame of mind…It's actually about creating and changing a culture, which unfortunately takes time." (PC-DH)

"With the work that's going on Health Promoting Workplaces, with Dame Carol Black's report…Universities are supposed to be there at the forefront of innovation and development, the engines of economic and social change…They don't want to be left behind if you've got this sort of initiative happening in other sectors." (RP-RSPH)

Sustainable development and climate change were also identified as key drivers by the majority of interviewees, who highlighted the convergence of health and sustainability agendas and the importance of strengthening synergy:

"Conceptually, it seems to me that if one broadens the concept of sustainable development to sustainable living, then what does this mean? It could well be healthy living, it could be Healthy Universities – and if you can make that connection, then we'd have a hook to relate what we're talking about." (DN-HEFCE)

"[Health and sustainability] are linked up. They're about enhancing the overall quality of the experience of universities. How you contribute to society's key values is an important differentiator – and having a good profile in this area must be a bonus." (EW-LFHE)

"If people take sustainable development seriously, then health and well-being is a natural bi-product of it…It's one driver that we could use because people don't articulate health…people are genuinely aware now and there's much more heightened concern about how climate change is going to affect 'me and my community'." (MR-DH)

Added Value

As well as identifying benefits closely aligned to drivers, interviewees highlighted a range of additional advantages associated with the Healthy Universities approach that went beyond the perceived 'core business' of HEIs. The first of these focused on the potential to contribute to the health and well-being of staff and students (recognising that university offers an important opportunity to access young people living away from home for the first time):

"It's very pleasing to see that the Department of Health is seeing Higher Education as a context that they would like to focus on for health promoting work – it offers wonderful potential for settings-based health promotion, particularly when you look at the traditional age range that you are attracting and the stage of development those people are at. You could do some really powerful pieces of work that would hopefully have long-term benefits." (SO)

"Hopefully, over time, the benefits would become apparent in terms of the health outcomes of the people in universities, both in terms of lifestyles whilst in the university but also after they leave – both staff and students. I think a visible commitment to the health and well-being of their employees and their students would be an advance, a step forward – just bringing that into the consciousness of the people there in a way it just isn't at the moment." (DM-NUS)

More broadly, a number of stakeholder organisations drew attention to the potential of the Healthy University approach to strengthen the role of HEIs in relation to

sustainable models of societal and economic productivity. This was seen to be through leadership, modelling and specific institutional actions in spheres such as procurement:

> *"I think there's a very strong leadership role for higher education in terms of these types of issues…Health, in terms of quality of life and all kinds of things, is one of the top things that we should all be concerned about…If you're looking at a strong society in terms of the values that that society represents, then a healthy population is an obvious priority – and if that's the case, the question is 'how do you genuinely promote this?...The institutions that are best placed to provide leadership on this are universities, not only through research but in modelling it." (DN-HEFCE)*

> *"In policy terms, another way of looking at this is in terms of the role of universities in their regions, because if they behave in certain ways in their patch – they're a major purchaser – they do actually have the scope to possibly change the way suppliers are looking at things. (EJ-UUK)*

AMOSSHE and NUS discussed the value of introducing a strategic and coherent framework to harness and connect disparate initiatives:

> *"In relation to students, [a Healthy University approach means that] you could develop a coherent framework for lots of service developments and initiatives that at the moment might be approached in a rather disparate way, not making the best use of available resources. So the benefits might be the prioritisation of work and the better use of resources to look at the various elements of the student experience." (SO-AMOSSHE)*

> *"A lot of the training we do is about building up more than just awareness-raising one week campaigns, something that is a bit more strategic and long-term with actual objectives and goals…I think a lot of officers would be interested in doing something like that and building up something quite concrete." (SW-NUS)*

There was also recognition that the development and introduction of a national programme would be important in establishing a credible presence and in mainstreaming the approach:

> *"It gives weight. If you have that critical mass of universities who clearly feel that this has some kind of benefit, then that is likely to stimulate interest among the others. You reach a certain critical mass where something starts to become mainstream and there's a sense that something is lost if you're outside of the club. At the moment, it's a collection of universities – there isn't that critical mass." (RP-RSPH)*

This national-level endorsement and championing was also seen to be important in terms of achieving consistency across the education sector and in enabling progression through to higher education:

> *"If we've got Healthy Schools and now a Healthy Further Education Programme, it would be odd if higher education was sitting outside. So I can see benefits in terms of progression, consistency and joining that up." (DS-HEA)*

> *"It's about ensuring that there's a consistency of approach – and not to develop this in higher education would seem to be a very great mis-choice in terms of being able to affect the broader population health…So, it's a logical direction to be going in." (PC-DH)*

Challenges

Alongside the perceived benefits, interviewees highlighted a number of potential challenges. Foremost of these was the need to negotiate competing agendas and avoid the perception of 'initiative overload' which could prevent widespread buy-in:

> *"One of the problems with 'themes' is how they compete with other priorities…The difficulty for universities in England is the wide range of agendas and initiatives coming out of Government." (EW-LFHE)*

Closely linked to this was cost – and overcoming the perception that Healthy Universities would be yet another budgetary drain:

> *"The immediate challenge is around the cost pressures that universities are facing – and they are getting tougher. That means that management teams will be focusing on their budgets, so if they see something as an additional cost, even though if you take a lifetime period it's a saving, they won't necessarily take account of that…" (DN-HEFCE)*

Even with funding secured, there was a concern that this tends to be time-limited and therefore mitigate against securing long-term continuity:

> *"It's whether the initiative has sustainability, whether it has the capacity to stand on its own legs and develop and renew itself over a cycle that's more than one to three years…A potential disadvantage is that you get an institution or subject community to buy in, develop a series of strategies that are top-down and don't make much difference on the ground and when the funding dries up, that's the end of it." (DS-HEA)*

Perspectives on the Leadership and Shape of a National Programme

Leadership of a National Programme

Asked about which organisation or organisations would be best placed to lead a national programme, there was some consternation arising from the perceived absence of an obvious choice:

> *"The primary purpose of universities is not to promote health of their own staff and students – although arguably that could be a function – so it's been very unclear where the leadership should come from." (AH-UUK)*

> *"It's not clear which of the agencies that would typically work with universities would have this as a central part of their agenda. They've all got distinct agendas, but it's not this agenda!" (DS-HEA)*

In considering the options, there was a strong consensus that any such development should be sector-led:

> *"The only way something gets take-up in the sector is if it's sector-led…so any drive from Central Government, they'll veer away from." (EA-DIUS)*

> *"It needs an institution within the sector to take a lead in much of the practical implementation…I'm a real pragmatist here. I don't care too much who leads it as long as it gets done! I'm not interested in territorial skirmishes." (RP-RSPH)*

There was, however, less clarity about what this should mean in practice. UUK and GuildHE were seen as being perhaps best placed to provide clear advocacy and leadership across the sector, whilst a range of other organisations such as LFHE, HEFCE, AMOSSHE, QAA, HEA, NUS and trades unions were also mentioned as having a potentially important contribution to make:

> *"I think it would probably make sense for UUK to play quite a major role, but whether it could be seen as leading it, I'm not sure…That would have to be a matter for consultation. (AH-UUK*

> *"I can see how we can all make a little bit of an impact, but whether it's within [any one agency's] central rationale and they've got the legitimacy to lead, I don't know…Maybe the Leadership Foundation, in the sense of working with institutional senior managers, that might be a discrete approach…but their role is more likely to be championing than leading. HEFCE's the funder…but UUK and GuildHE, in terms of broader cross-sector initiatives, they are 'of the sector'..." (DS-HEA)*

> *"Another body that would tangentially affect it is the QAA. A QAA audit will look at whether there is an infrastructure that will deliver the quality. You could argue that a QAA audit could have an aspect that is about healthiness and healthy outcomes – because good standards of quality could be reinforced by a healthy organisation." (EW-LFHE)*

Alongside the focus on national advocacy and leadership, there was also recognition that a regional approach may prove valuable – through the universities associations and the TPHNs:

> *"Maybe working through the regional universities associations may be another way of looking at it…." (EJ-UUK)*

> *"The TPHNs are doing incredibly well…They are acknowledged out in the regions and there's a serious amount of work going on. So I think it's time for policy to now start to use them as a platform to build on." (MR-DH)*

Whilst arguing for a sector-led programme involving the organisations mentioned above, a number of stakeholder organisations felt strongly that the relevant

Government departments would be well-placed to act as champions and mediators – a point supported by interviewees from DH:

> *"There's a huge amount of good work going on out there and I think it's beholden on us now to offer some leadership." (PC-DH)*

> *"I would agree about DIUS and DH standing shoulder to shoulder on this…even if it's not about funding, it's about sending the right political signals…Demonstrating and providing political leadership has got value way beyond [funding]." (MR-DH)*

However, DIUS expressed caution about associating a programme too strongly with Government or focusing explicitly on the continuity with Healthy Schools:

> *"Anything that comes across as Government imposition will be a turn-off (and if it's linked to Healthy Schools, it risks being seen in this way)." (EA-DIUS)*

Reflecting on the distinction between leading and championing, the LFHE suggested that, in order to encourage success and sustainability, leadership should come from within individual HEIs, supported by national-level championing:

> *"Another answer is that this is better if it's not too heavily led nationally but springs up from within – it should be a bottom-up rather than a top-down led thing. It needs to be championed by a cross-section of organisations who are credible with their constituencies (such as UUK, NUS, the trades unions), but leading it across the sector may not work so well – it needs to be led from within." (EW-LFHE)*

Asked whether they would see their organisation as having any involvement in supporting a national programme, the following potential roles emerged:

- AMOSSHE Advisory/steering group member; disseminating good practice
- DH Champion (alongside DIUS)
- DIUS Advisory/steering group member
- HEA Awareness-raising; showcasing/disseminating good practice
- HEFCE Broad support, but through linked agendas (e.g. efficiency/ productivity) unless explicit Government directive
- LFHE Champion
- NUS Broker, engaging students' unions
- RSPH Advocacy, mediation, enablement (and more if needed)
- UUK Major role in consortium; leadership dependent on membership support

Shape of a National Programme

In discussing what shape a national programme might take, there was a clear consensus that a key role of any future programme development would be to facilitate the exchange of good practice and that priority should be given to building upon and strengthening the existing National Healthy Universities Network:

> *"It will be important to give the Network some sort of steering structure and helping that structure be there as a more visible and stronger resource for the whole sector. Rather than set up something new, it will be important to give that more strength." (SO-AMOSSHE)*

A number of stakeholder organisations stressed the importance of evaluation and evidence, highlighting the value of in-depth case studies and agreed indicator sets:

> *"For us, a national programme must be evidence-based…there's a whole issue about how do national programmes work or not work in this area, for individuals or organisations." (EW-LFHE)*

> *"The other point I'd make is that you've really got to evaluate the impact of these programmes. So, I'd only really be in favour of it if it was accompanied by some kind of evaluative funding." (AH-UUK)*

> *"One of the things I think is important in making it real as opposed to it being about people talking about 'aren't we doing wonderful things' is to get some clear indicators against which people can evaluate whether what they are doing is actually making a difference." (DN-HEFCE)*

A further discussion concerned the tension between introducing a broad-based programme and drawing boundaries that facilitate a clear identity. On the one hand, it would be attractive to encompass a commitment to diversity, fair trade, environmental sustainability and other dimensions that could be viewed as aspects of what it means to be a Healthy University. On the other hand, this would potentially overlap with other initiatives and many people might view the issues differently – for example seeing health as a sub-section of sustainability. Linked to this discussion was a consideration of branding and marketing issues – there being a strong sense that the marketing of any future programme should focus on the contribution to core business outcomes and take account of different audiences (e.g. the 'Healthy University' brand may be attractive to parents and some international markets but be a turn-off to many 18-24 year old UK students!).

More generally, two broad (and contrasting) approaches were put forward by interviewees – many of whom saw value in both. The first of these emphasised the value of introducing some form of accreditation, kitemarking or league table scheme that would reward HEIs with recognition based on achievement against agreed criteria or standards:

> *"If it was an accreditation model [like Investors in People] that became national with a kind of 'badge' that the university can have, I think that in itself – by showing that this university takes these things into consideration and takes certain steps – is going to be quite powerful with our unions. I think that they would definitely get on board." (AU-NUS)*

> *"I think that there's a role for a some form of national kitemarking by a national body for those institutions that meet the requirements, the standards, the criteria or whatever we call them – so that they get a 'badge of honour' that is reviewed maybe once every three years…I know from the feedback from vice-chancellors in our partner universities that they actually value that external recognition. And you only have to look at Investors in People and other schemes – many universities chase the kitemarks!" (RP-RSPH)*

> *"If you end up with a brand with a logo that can be put on a website, I think that's the kind of thing that will attract universities. (EA-DIUS)*

Alongside enthusiasm for an accreditation scheme, there was also an acknowledged tension arising from the autonomous nature of HEIs and the sheer number of league tables in operation:

> *"I think universities do like awards, but they don't like being told [what to do], particularly by bodies outwith of the sector. That's a difficult one to crack – I think it's linked to which agency is of the sector and is understood within the sector." (DS-HEA)*

> *"There are so many league tables that I wonder if they are losing their allure and if they've become a devalued currency…In terms of sustaining momentum, it's more a matter of harnessing enthusiasm and making sure you get the key opinion leaders and stakeholders and movers and shakers within an institution behind this." (AH-UUK)*

Whilst there was limited discussion about the mechanics of introducing meaningful accreditation, there was a strong consensus that external assessment would be resource-intensive and quite possibly beyond the scope of available resources. Several interviewees suggested that it would be important to engage QAA as a way of introducing an audit aspect into a programme within the context of mainstream quality assurance. However, it was also acknowledged that the existing quality assurance framework, with its emphasis on academic standards, might not easily embrace the more holistic vision of Healthy Universities.

The second approach emphasised flexibility and responsiveness, advocating a light-touch programme that avoids being overly prescriptive and respects the autonomy and independence of HEIs and acknowledges different emphases and capacities within the sector:

> *"Anything that threatens the autonomy of institutions as businesses won't go down well!" (EA-DIUS)*

"It has to be about facilitating change and responding to demands and requests for change…If it was very prescriptive, I think it would probably backfire, but if it was encouraging institutions to look within themselves and consult with staff and students about what would be appropriate for their institution, that would be good – I don't think a top-down initiative would work." (AH-UUK)

"You might need to have different layers of models that universities could buy into…If you're going to have coverage of the higher education sector, we have to come up with models that can be applied in the various types of institutional contexts." (SO-AMOSSHE)

"There's a huge diversity in the kinds of students' unions you're dealing with…with different capabilities and priorities, so it wouldn't be just something you could say all the students' unions can get involved in a certain way." (SW-NUS)

It was understood that this approach would probably embrace a self-assessment element and include a focus on change-related processes and inputs rather than outputs and outcomes:

"That means it could focus on inputs, about the range of things that are designed to improve health among staff and students in the university, rather than trying to measure outputs." (DM)

Exploring further the nature of such an approach, it was suggested that a light-touch approach would be more likely not only to secure widespread buy-in but also to stimulate activity that goes beyond the 'tick box' mentality that so often characterises top-down initiatives:

"If we say 'you must deliver this', then immediately hackles are raised. I think there's a hearts and minds aspect to this, with people seeing the inherent benefit in what's being proposed – and there's a balance between encouraging people's creativity and having some indicators that are visible, so people can say 'this isn't just rhetoric'." (DN-HEFCE)

"If it's associated with regulatory bodies, then universities will do just what they have to do and no more, they won't buy into it." (EW-LFHE)

4.4 English National Healthy Universities Network Workshop

4.4.1 Introduction

In response to interest from members, it was decided to hold an interactive workshop at the November meeting of the English National Healthy Universities Network. As indicated above (see 3.4), the aims of this were to present findings, validate data, inform the action planning process and secure further buy-in to potential future developments.

Following the presentation of findings from the above research with HEIs and national stakeholder bodies, exercises and group discussions were held to test the data and explore views and perceptions relating to drivers, benefits and challenges; and the shape of a National Healthy Universities Programme.

4.4.2 Findings: English National Healthy Universities Network

Drivers and Perceived Benefits

Network members endorsed the main drivers identified through the research with HEIs and national stakeholder organisations – particularly emphasising the importance of mental health, of aligning with core business goals and of positioning Healthy Universities as a means of enhancing market position. There was also an appreciation that drivers may vary for different types of HEI and for different services and departments within them. Likewise, they understood key benefits to be closely linked to these drivers – helping HEIs deliver their core business more effectively, compete in the higher education 'marketplace', fulfil externally-defined responsibilities and improve student and staff health. In relation to this latter point, there was recognition that by investing in student health, there would be knock-on effects for workplace and wider societal health, through progression of students into work. Key

challenges identified included demonstrating and evidencing success; securing widespread ownership and participation – including that of senior-level decision-makers and students; and enabling long-term sustainability within the context of continuing financial pressures.

Shape of a National Programme

In considering the potential shape of a national programme, workshop participants discussed the value of introducing a measurable 'standard' with defined criteria. There was a strong sense that this standard should be aligned with core business objectives (e.g. widening participation) and be based largely upon principles and processes rather than seeking to measure achievement – although there was also a desire that it should incorporate and take account of development and progression. Whilst it was also noted that there should ideally be some benchmarking data and that further consultation would be needed with stakeholders prior to determining criteria, a range of elements were identified for possible inclusion:

- policy-level commitment (incorporation of health as a criterion in all policies)
- appointment/designation of a co-ordinator
- establishment of a steering group
- mechanisms for widespread stakeholder involvement (including students and external partners)
- development and utilisation of needs assessment/audit process
- formulation, implementation and monitoring of action plan
- commitment to evaluate
- communication mechanisms (including web portal).

Leadership of a National Programme

Whilst there were no strong views on the leadership or championing of a national programme, participants agreed to an offer from the HEA Health Sciences and Practice Subject Centre and the DH to bring stakeholder organisations together to consider next steps. The workshop also highlighted the burgeoning of activity relating to health and well-being in higher education and pointed to the importance of dialogue and collaboration with other initiatives such as the employee-focused *Creating Success through Wellbeing in Higher Education* project[26] and the sport-led *Healthy Campus* movement.[27]

5. DISCUSSION

Higher education has for many years provided a focus for the delivery of health promotion interventions, particularly those pertaining to mental well-being, sexual health, alcohol, drugs, food and physical activity – and targeted at young people aged 18-24 years. Alongside this, the Government's recent increased focus on workplace health has led to renewed attention being given to staff health and well-being within higher education.

The past few years has also been characterised by a burgeoning of interest in the concept and practice of Healthy Universities – evidenced by the Government's commitment to support work in further education and higher education as expressed in *Delivering Choosing Health* (DH, 2005c); the establishment and rapid expansion of the English National Healthy Universities Network; the engagement of regional TPHNs in this agenda; and the decision of the Health Sciences and Practice Subject Centre to issue a mini-project call on Health Promoting Universities. This points to a growing appreciation of the need for a comprehensive, co-ordinated and integrated

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[26]   http://www.universitas21.com/info/LGMProject.pdf – accessed 09 January 2009
[27]   http://www.podium.ac.uk/ – accessed 09 January 2009

whole system approach that can map and understand interrelationships, interactions and synergies within higher education settings – with regard to different groups of the population, different components of the system and different health issues.

The research conducted with both HEIs and national stakeholder organisations illustrated the breadth of understandings and practice located under the 'umbrella' of Healthy Universities – and the challenge of introducing and integrating 'health' within a sector that does not have this as its central aim, is characterised by 'initiative overload', is experiencing resource constraints and comprises free-thinking and fiercely autonomous institutions. However, it also confirmed the perceived value of such a whole system approach and revealed widespread understanding of the strong connections to both health targets (relating to areas such as young people's health and workplace health) and also to core drivers within higher education (e.g. student recruitment, experience, retention and achievement; widening participation; staff recruitment, retention, performance and productivity). Whilst these connections were identified equally by both HEIs and national stakeholder bodies, it was noteworthy that links to key societal agendas (e.g. sustainable development; corporate social responsibility; economic productivity; community engagement and relations) were mentioned primarily by the latter. The National Network workshop reinforced many of these concerns and further emphasised the value of a system-based approach in terms of the progression of students into work and wider society.

Both groups of respondents (as well as participants at the National Network workshop) highlighted the value of introducing a framework that could bring coherence to a range of disparate initiatives, endorse a standardised approach and provide a common baseline – thereby adding legitimacy and encouraging mainstreaming. However, whilst the national stakeholder organisations emphasised the potential for Healthy Universities to enhance quality, reputation and distinctiveness, those from individual HEIs (perhaps not surprisingly, taking account of their actual involvement in leading initiatives) emphasised the value of a national programme for strengthening networking, support and shared learning.

Amongst national stakeholder organisations, there was wide-ranging endorsement of the Healthy University philosophy and approach – tinged by a note of caution relating to the absence of any existing national steer. There was also a clear appreciation of the value of introducing a programme within the higher education sector in order to ensure consistency across the full spectrum of education. At the level of individual HEIs and their partner organisations, the research and data validation workshop revealed an eagerness and enthusiasm for greater recognition and direction – and confirmed that there is overwhelming support for further national and regional level developments. This suggests that it is both appropriate and timely to progress a National Programme on Healthy Universities, building upon recent developments within the further education sector.[28]

In discussing what shape a national programme might take, the findings point to two potential 'models':

- the first emphasises the value of introducing standardised achievement criteria, in the form of an accreditation or kitemarking scheme that incorporates external assessment
- the second is characterised by a more flexible, dynamic and responsive framework that embraces different emphases and capacities within the sector, is consciously 'light-touch', focuses on change-related inputs and processes, and utilises self-assessment.

Whilst both HEIs and national stakeholder organisations discussed elements of both models, the latter placed stronger emphasis on the dangers and constraints attached

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[28] http://www.dius.gov.uk/mailshots/mailshot_150708.html#contentItem2 – accessed 09 January 2009

to the kitemarking model. Whilst it was recognised that league tables and accreditation can be attractive, there was a fear that external assessment would prove unmanageable and that an overly prescriptive approach may well backfire. It was felt that such an approach would be likely to generate resistance within a sector characterised by autonomy and independence, potentially resulting in minimal compliance. In contrast, it was suggested that the light-touch process-focused model may be more likely to win hearts and minds and encourage HEIs to go beyond the 'tick-box' approach – particularly if it was led from within the sector and supported by case studies showcasing good practice. Alongside this, questionnaire respondents and interviewees highlighted the potential tension between formulating a wide-ranging programme that reflects the broad-based vision of Healthy Universities – and creating and maintaining a clearly defined identity. They also pointed to the need for appropriate and tailored branding and marketing, and emphasised that evaluation must be built into programme planning and implementation.

It was also acknowledged by both groups that the leadership of any future programme would influence (and, indeed, be influenced by) its shape and ethos. Linked to discussions about the value of pursuing a regional approach, the potential role of TPHNs and regional university associations was explored. Furthermore, the active involvement in the National Network of PCTs that are actively supporting the Healthy University approach (e.g. Bolton and North Lancashire) points to the importance of engaging local NHS trusts as stakeholders in future developments. However, there was no consensus as to which organisations would be best placed to offer leadership or act as key champions – although 'front-runners' were HEFCE, UUK/GuildHE, DH and LFHE, with several interviewees also mentioning the possible involvement of QAA as a way of integrating the agenda within core business. Whereas national stakeholder organisations highlighted the key importance of a programme being sector-led, co-ordinators from HEIs placed greater emphasis on the need for leadership or championing to reflect partnership across education and health sectors – a point reinforced by interviewees from the DH. The National Network workshop was useful in identifying a way of moving the agenda forward – participants enthusiastically endorsing a proposal from the HEA Health Sciences and Practice Subject Centre and the DH that they should take joint responsibility for convening a meeting of key stakeholder bodies to consider the recommendations emerging from this project and agree next steps.

6. CONCLUSION AND RECOMMENDATIONS

It is now widely appreciated that higher education offers enormous potential to impact positively on the health and well-being of students, staff and the wider community through education, research, knowledge exchange and institutional practice. There is also a growing appreciation that investment for health within the sector will further contribute to core agendas such as staff and student recruitment, experience and retention; and institutional and societal productivity and sustainability.

The National Research and Development Project on Healthy Universities has revealed the richness of health-related activity already taking place within HEIs and evidenced a rapid increase in interest in the whole system Healthy University approach. There is a clear demand for national-level stakeholder organisations to demonstrate leadership through championing and resourcing a Healthy Universities Programme that not only adds value within the higher education sector, but also helps to build consistency of approach across the entire spectrum of education. Furthermore, in the context of the recent launch of the Healthy FE Programme, there is growing appreciation that 'the time is now' – in the words of Peter Chell from DH:

> *"There's a massive opportunity at the moment which we mustn't miss. Everything's in the right place – if we don't do it now, things will move on and we'll lose that impetus."*

In the light of the findings, it is recommended that:

- High level endorsement should be sought for a National Healthy Higher Education Programme.

- This National Healthy Higher Education Programme should:

  ➢ be led from within the sector

  ➢ be supported and championed by a consortium of relevant stakeholder bodies

  ➢ draw on experience and learning from other sectors (in particular further education)

  ➢ build on, and further strengthen, the momentum and dynamism of the English National Healthy Universities Network

  ➢ be sufficiently flexible that it is inclusive of the wide range of HEIs, taking account of different emphases and capacities

  ➢ include an integral evaluation component

  ➢ provide a comprehensive whole system Healthy University Framework supported by networking opportunities and guidance tools.

- This comprehensive whole system Healthy University Framework should:

  ➢ offer an holistic vision of health and well-being for higher education that is connected to core business and parallel societal agendas

  ➢ bring greater coherence to health-related activity in HEIs and encourage joined-up working between services and with external partners

  ➢ strengthen the creation of healthy and sustainable working, learning and living environments for students, staff and visitors

  ➢ increase the profile of health, well-being and sustainable development in teaching, research and knowledge exchange

  ➢ contribute to the health and sustainability of the wider community

  ➢ be largely process-focused, incorporating criteria such as: policy commitment; a dedicated co-ordinator; a high-level steering group; and mechanisms for stakeholder involvement, needs assessment, action planning, communication and evaluation

  ➢ utilise self-assessment mechanisms to enable benchmarking and appropriate progression.

- Discussions should be held with HEFCE and other stakeholders regarding the potential to strengthen routine data collection through the introduction of further health-related questions into the National Student Survey and other relevant research instruments.[29]

- Discussions should be held with the QAA regarding the potential for its Institutional Audit to include a stronger emphasis on health and well-being.[30]

- The HEA Health Sciences and Practice Subject Centre and the DH should take joint responsibility for convening an initial meeting of key stakeholder bodies across the UK countries to consider the recommendations emerging from this project and agree next steps.

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[29]   http://www.thestudentsurvey.com/
[30]   http://www.qaa.ac.uk/reviews/institutionalaudit/default.asp

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APPENDIX 1: PROJECT PLAN (JANUARY 2008)

	J	F	M	A	M	J	J	A	S	O	N	D
Preparation & planning [1 day MD]												
▪ Liaise/meet with Project partners.	■											
▪ Revise Project plan.	■											
Literature review [1 day SD; 1 day MD]												
▪ Conduct rapid review of academic literature.	■	■	■									
▪ Conduct rapid review of policy-based literature.	■	■	■									
University-level stakeholder engagement & consultation [5 days SD; 3 days MD]												
▪ Write 1st stage scoping questionnaire and cascade via Teaching Public Health Networks.	■	■										
▪ Analyse, synthesise and present (to National Network) data from 1st stage questionnaire – and identify purposive sample for 2nd stage.			■	■								
▪ Draft 2nd stage questionnaire, consult with National Network, finalise, submit for ethics clearance and circulate to sample.				■	■							
▪ Analyse and synthesise data from 2nd stage questionnaire.						■	■	■	■			
National-level stakeholder mapping, engagement & consultation [4 days SD; 8 days MD]												
▪ Draft interview schedule.	■	■										
▪ Identify and contact national stakeholder organisations and schedule interviews/focus groups.		■	■									
▪ Conduct individual and group interviews			■	■	■	■						
▪ Analyse and synthesise data.						■	■	■	■			
Joint action planning & reporting [4 days SD; 5 days MD]												
▪ Hold stakeholder workshop										■	■	
▪ Formulation of framework & guidance											■	■
▪ Consultation & revision of framework & guidance											■	■
▪ Production of final report & position paper											■	■

APPENDIX 2: STAGE 1 SCOPING QUESTIONNAIRE

National Healthy Universities Audit

1. Background information

Thank you for accessing this short scoping questionnaire on Healthy/Health Promoting Universities. Please answer the questions below.

1. Please provide the following contact information:
University:
Name of person filling in form:
Name of Lead Contact (if different):
Department/Service:
Address:
City/Town:
Post Code:
Email Address:
Telephone Number:

2. Do you have an established Healthy/Health Promoting University initiative?

☐ Yes

☐ No

2. About your healthy/health promoting university initiative

If you answered YES to question 2, please answer Qu3-6 below.

3. What are the aims of your Healthy/Health Promoting University initiative?

…………………………………………………………………………………….
…………………………………………………………………………………….

4. Who is your Healthy/Health Promoting University initiative led by?

☐ Student Services

☐ Human Resources

☐ Academic Department

☐ Students' Union

☐ Other (please specify)

5. Has senior management commitment been secured?

☐ Yes

☐ No

6. Does your initiative have a steering group/advisory group?

☐ Yes

☐ No

Please feel free to provide further information on your initiative's structure

…………………………………………………………………………………

…………………………………………………………………………………

3. About your university

If you answered NO to question 2, please answer Qu7-8 below.

7. Have there been any discussions within your university about this type of initiative?

☐ Yes

☐ No

If YES, please explain:

…………………………………………………………………………………

…………………………………………………………………………………

8. If there was a National Healthy Universities Programme, would you be interested in finding out more and/or participating?

☐ Yes

☐ No

If YES, please explain:

…………………………………………………………………………………

…………………………………………………………………………………

4. Thank you!

Thank you for taking the time to complete this short questionnaire.

APPENDIX 3: STAGE 2 QUESTIONNAIRE – SAMPLE 1 (IN-DEPTH CASE STUDY FOCUSED RESEARCH)

HEALTHY UNIVERSITIES – NATIONAL RESEARCH AND DEVELOPMENT PROJECT 2ND STAGE QUESTIONNAIRE [1]

PLEASE PROVIDE THE FOLLOWING DETAILS:

University:

Lead contact: Name:

Email: **Telephone**:

Department/Service:

Address:

A. CONTEXTUAL AND BACKGROUND INFORMATION

The following questions aim to provide a background and overview picture of your initiative.

1. **How many students are at your university?**   Full-time   Part-time

2. **How many staff does your university employ?** Academic   Non-Academic

3. **What is your Healthy/Health Promoting University initiative called (does it have a title or 'brand')?**

4. **What are its aims and objectives?**

5. **Which service(s)/department(s)/people is it led by?**

6. **When was it established?**

7. **How did it come about (please provide a brief background, describing why and how it was established)?**

8. **Have you secured senior management commitment and leadership for your initiative?**

    Yes ☐   **No** ☐

Please describe how you achieved or plan to achieve this, identifying key issues or challenges:

9. **Does it have a website?**

    Yes ☐   No ☐   Address/URL

B. STRUCTURE, PROCESSES AND WORK PROGRAMME

The following questions explore how your initiative is structured and what processes are in place and provide an opportunity for you to describe your work in more detail.

1. **Please provide a brief overview of your Healthy University structure (using a diagrammatic representation if appropriate) – indicating where the initiative 'sits' within your university, lines of accountability and reporting, steering/working/task groups (with membership if possible) and opportunities for student and staff participation.**

2. **Does your initiative have established links to/involvement of external agencies and partnerships?**
    Yes ☐   No ☐

    Please describe briefly:

3. **What are the priorities (topics/themes/population sub-groups) that you have worked on/are working on – and how were these identified?**

4. **Do you have a work plan or action plan – and if so, how did this come about (please summarise and/or attach a copy)?**

5. **How have you evaluated and/or how do you plan to evaluate your work?**

6. **What experience have you had of sustaining projects beyond the short-term (please give examples and/or describe how you might do this)?**

7. **Has your initiative contributed to and/or been engaged with organisational or system changes?**

8. **If you would like to provide further information about your initiative or a particular aspect of it, please use the space below to tell us about it in your own words (no more than 500 words).**

C. Resourcing

The following questions explore how your initiative is resourced.

1. **What are the key staffing resources contributing to your initiative (please describe briefly)?**

2. **Do you have a dedicated project co-ordinator/manager?**
   Yes ☐   **No** ☐

   If yes, it would be helpful if you would provide details of source of funding, grade, type and duration of post, job description/person specification (please be assured that this information will be treated confidentially and will not be included within institutional case studies, only in aggregated form to inform general recommendations):

3. **Do you have a dedicated non-staffing budget**
   Yes ☐   **No** ☐

   If yes, please provide brief details of source/scale/duration of funding:

4. **Has your initiative opened up opportunities for additional funding or resources?**
   Yes ☐   **No** ☐

   If yes, please provide brief details of source/scale/duration of funding:

D. REFLECTIONS

Reflecting on your initiative and with reference to the Framework for Action attached:

1. **Do you feel that you have been able to apply a 'whole university' approach – and if so, what has this meant – and what have been the advantages?**

2. **What would you identify as the main barriers to progressing such an approach?**

3. **What would you identify as the key drivers and opportunities/linkage points to other agendas?**

4. **Is your HEI a member of the English National Network of Healthy Universities?**
   Yes ☐   **No** ☐

   If yes, please indicate in which ways this has been helpful and how you would like to see it develop:

   If no, please indicate whether you would be interested in future involvement and what you would hope to gain:

Thank you for taking the time to complete this questionnaire and participate in this important research and development project. Please return the questionnaire by email to <u>mtdooris@uclan.ac.uk</u>, ideally by 27 June – although we understand that you may have competing priorities (please let me know if you will be unable to meet this date).

If you have not already done so, please also take a few minutes to complete the short anonymous online questionnaire exploring perspectives on national programme development that we anticipate will take no longer than 15 minutes to fill in (ideally to be submitted by **27 June** – although we understand that you may have competing priorities) <u>http://www.surveymonkey.com/s.aspx?sm=DW1ca4xv0d6TYp2255y2CQ_3d_3d</u>

APPENDIX 4: STAGE 2 QUESTIONNAIRE – SAMPLE 2 (ADDITIONAL INFORMATION ON HEI-LEVEL ACTIVITY)

HEALTHY UNIVERSITIES – NATIONAL RESEARCH AND DEVELOPMENT PROJECT
2ND STAGE QUESTIONNAIRE [2]

Please provide the following details:

University:

Lead contact: Name:

Email: **Telephone**:

Department/Service:

Address:

1. **What is your Healthy/Health Promoting University initiative called (does it have a specific title or 'brand')?**

2. **What are its aims and objectives?**

3. **Which service(s)/department(s)/people is it led by?**

4. **When was it established?**

5. **How did it come about (please provide a brief background, describing why and how it was established)?**

6. **Have you secured senior management commitment and leadership for your initiative?**
   Yes ☐   No ☐

   Please describe how you achieved or plan to achieve this, identifying key issues or challenges:

7. **Does it have a website?**
   Yes ☐   No ☐   **Address/URL**

8. **What are the priorities (topics/themes/population sub-groups) that you have worked on/are working on – and how were these identified?**

9. **Do you have a work plan or action plan – and if so, how did this come about (please summarise and/or attach a copy)?**

10. **If you would like to provide further information about your initiative or a particular aspect of it, please use the space below to tell us about it in your own words (no more than 500 words).**

Thank you for taking the time to complete this questionnaire and participate in this important research and development project. Please return the questionnaire by email to mtdooris@uclan.ac.uk, ideally by 27 June – although we understand that you may have competing priorities (please let me know if you will be unable to meet this date).

If you have not already done so, please also take a few minutes to complete the short anonymous online questionnaire exploring perspectives on national programme development that we anticipate will take no longer than 15 minutes to fill in (ideally to be submitted by **27 June** – although we understand that you may have competing priorities) http://www.surveymonkey.com/s.aspx?sm=DW1ca4xv0d6TYp2255y2CQ_3d_3d [follow link or copy into your browser from the email].

APPENDIX 5: STAGE 2 WEB-BASED QUESTIONNAIRE (PERSPECTIVES ON NATIONAL PROGRAMME DEVELOPMENT)

HEALTHY UNIVERSITIES: PERSPECTIVES ON NATIONAL PROGRAMME DEVELOPMENT

As highlighted by both the Government and the World Health Organization (Department of Health, 2004; Tsouros et al, 1998), Higher Education Institutions are important settings for enhancing health, well-being and sustainable development, through education, research, institutional practice and corporate social responsibility.

A recent paper prepared for the English Healthy Universities Network (Dooris and Doherty, 2007) suggests that a whole system Healthy University approach has four aims:

- Create healthy and sustainable working, learning and living environments for students, staff and the wider community.
- Increase the profile of health and sustainability in teaching, research and knowledge transfer.
- Contribute to the health and sustainability of the wider community.
- Evaluate their work, building evidence of effectiveness and sharing learning.

References

Department of Health (2004) Choosing Health, Making Healthy Choices Easier. London: DH

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A key aim of this research and development project is to explore the potential value and feasibility of developing a national programme for Healthy Universities. The following questions relate to this.

1. What do you think would be the potential benefits of a national programme?

………………………………………………………………………….

………………………………………………………………………….

2. If a national programme was to be developed, which organisation or organisations do you think would be best placed to lead or champion such a development – and why?

………………………………………………………………………….

………………………………………………………………………….

3. Have you any thoughts about what shape a national programme might take?

………………………………………………………………………….

………………………………………………………………………….

APPENDIX 6: INTERVIEW SCHEDULE – NATIONAL STAKEHOLDER BODIES

NATIONAL RESEARCH AND DEVELOPMENT PROJECT ON HEALTHY UNIVERSITIES

NATIONAL STAKEHOLDER ORGANISATIONS: OUTLINE INTERVIEW SCHEDULE

Background information sheet and/or introduction
- background to and funding of the research and development project
- history and emergence of Healthy Universities concept and practice
- role of Teaching Public Health Networks
- establishment and co-ordination of English National Network
- examples of universities applying the approach
- links with higher education agenda and priorities.

QUESTIONS TO ESTABLISH STAKEHOLDER ORGANISATION'S CURRENT RELATED WORK

1. **Does your organisation currently have a role in encouraging or enabling the promotion of health and well-being in higher education?**

   [If yes] Could you explain?

   [If yes] Has your organisation published any relevant policy papers or reports?

   [If yes] Does your organisation currently have any committees or working groups that are connected to health and well-being?

2. **Is your organisation engaged in work concerned with other key drivers that connect to public health?**

   [If interviewee unclear] For example, violence and community relations, corporate social responsibility, sustainable development, student experience.

QUESTIONS TO ESTABLISH CURRENT AWARENESS AND KNOWLEDGE

3. **Are you familiar with the healthy settings concept and model – for instance, through the National Healthy Schools Programme?**

   What do you see as its key characteristics?

4. **Are you aware of this being applied within Higher Education through Healthy University initiatives?**

   Could you give an example?

QUESTIONS TO EXPLORE PERSPECTIVES AND VIEWS ON DEVELOPMENT OF A NATIONAL PROGRAMME

5. **An aim of this research and development project, funded by the Higher Education Academy and the Department of Health, is to explore the potential value and feasibility of developing a national programme for Healthy Universities.**

   Would you be supportive of such a development?

   Why do you think it is that there has been no national leadership or programme development on Healthy Universities before now?

   What would you see as being the key drivers [If unclear, mention for example student experience, staff performance and productivity, sustainable development]?

What do you think would be the potential benefits?

What do you think would be the potential disadvantages?

6. **If a national programme was to be developed, which organisation or organisations do you think would be best placed to lead such a development and why?**

7. **Would you see your organisation having any involvement in supporting such a development?**

   [If yes] Could you say how?

   [If no] Could you say why?

8. **Have you any thoughts about what shape a national programme might take?**

   [If interviewee unclear] For example: Do you think it should be process-based, requiring senior-level commitment, dedicated co-ordination and a policy and/or action plan? Or do you think it should be more prescriptive, requiring action on particular themes or issues matched against national standards or criteria?

9. **Would you see there being any type of external 'moderation'**

   [[If interviewee unclear] For example, in the same way that Healthy Schools has national, regional and local level teams with monitoring, quality assurance and performance management roles?

10. **How would you see a National Programme relating to the existing National Network of Healthy Universities?**

APPENDIX 7: ENGLISH NATIONAL HEALTHY UNIVERSITIES NETWORK DATA VALIDATION WORKSHOP

English National Healthy Universities Network
Britannia Hotel, Birmingham
12 November 2008

Agenda:
Stakeholder Discussion for the National Research and Development Project on Healthy Universities

10.30	Arrival and refreshments
10.45	Introductions/Objectives for the Day
10.50	Overview and Update on Healthy Universities and the Research and Development Project
11.10	Groupwork: Drivers, Benefits and Challenges
12.30	Lunch
13.30	What would a Healthy Universities Programme/Framework Look Like?
14.30	What would a Strengthened Network Look Like?
15.00	Break
15.15	Future Steps for the Network
16.00	Close

APPENDIX 8: CASE STUDIES OF HEIS ENGAGED IN HEALTHY UNIVERSITY WORK

1. University of Bristol

Background Information

Title: The Healthy University / Positive Working Environment (PWE)

Established: 2003   **Website:** http://www.bris.ac.uk/pwe/

Led by: Healthy University – Sport, Exercise and Health
                     Positive Working Environment – Personnel

Students	Full-time 12,558	Part-time 2,930
Staff	Academic 2,445	Non-academic 3,350

Aims:
Healthy University
All students and members of staff will enjoy an environment that promotes a pro-active approach to health and well-being.
Positive Working Environment
The aim is to make working life at the University of Bristol productive, rewarding, enjoyable and healthy for all colleagues.

Objectives:
- Colleagues will enjoy a working environment that helps to develop an enjoyable and rewarding career.
- Leaders, managers and supervisors will have access to approporiate, tailored and professional development to prepare them for their roles and to support them in achieving strategic and operational goals.
- Colleagues will have ready access to University news and information, together with the opportunity to influence decision making through effective internal communcation and consultation processes.
- Internal and external building quality will be maintained and new facilities developed to meet the future demands of the University.
- Members of staff will enjoy a working environment that promotes a proactive approach to health and well being
- Progress towards developing our PWE will be monitored, evaluated and communicated to all staff.

Development of Work:
During the summer of 2003, the University commissioned The Work Foundation to carry out a staff survey. Results highlighted many areas where the University was doing well as an employer. It also highlighted a number of areas where improvements could be made. The result was the PWE agenda and five categories for development:

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- Staff Support and Development
- Leadership and management
- Communication
- Physical Environment
- Evaluation

Since then, a second survey (2007) has been conducted to measure improvements on the above areas and to identfy new areas for development. The categories are now all of the above and also The Healthy University. The work has senior management commitment with the Positive Working Environment being championed by our Vice-Chancellor and subsequently a Pro VC was appointed as Chair of the PWE Steering Group on which other senior management representatives sit. This senior management commitment has been essential and we have relied on high standards of measurement and evaluation to retain this support and engage other senior management support across the University.

Structures, Process and Work Programme

```
                                          ┌──────────────────┐
                                          │ Planning &       │
                                          │ University       │
                                          │ Resource         │
                                          │ Committee        │
                                          └──────────────────┘
                                                   │
       ┌──────────────────┐                ┌──────────────────┐
       │ Registrar        │────────────────│ Personal Staff   │
       │                  │                │ Development      │
       │                  │                │ Committee        │
       └──────────────────┘                └──────────────────┘
                │                                   │
       ┌──────────────────┐                ┌──────────────────┐
       │ Sport, Exercise &│                │ Positive Working │
       │ Health Advisory  │                │ Environment      │
       │ Group            │                │ Steering Group   │
       └──────────────────┘                └──────────────────┘
                │                                   │
       ┌──────────────────┐                ┌──────────────────┐
       │ Healthy          │- - - - - - - - │ Position Working │
       │ University       │                │ Environment      │
       │ Working Group    │                │ Development      │
       └──────────────────┘                │ Group            │
                │                           └──────────────────┘
```

Stress Action Group	Food Action Group	Drugs & Alcohol Action Group	Active Campus Action Group
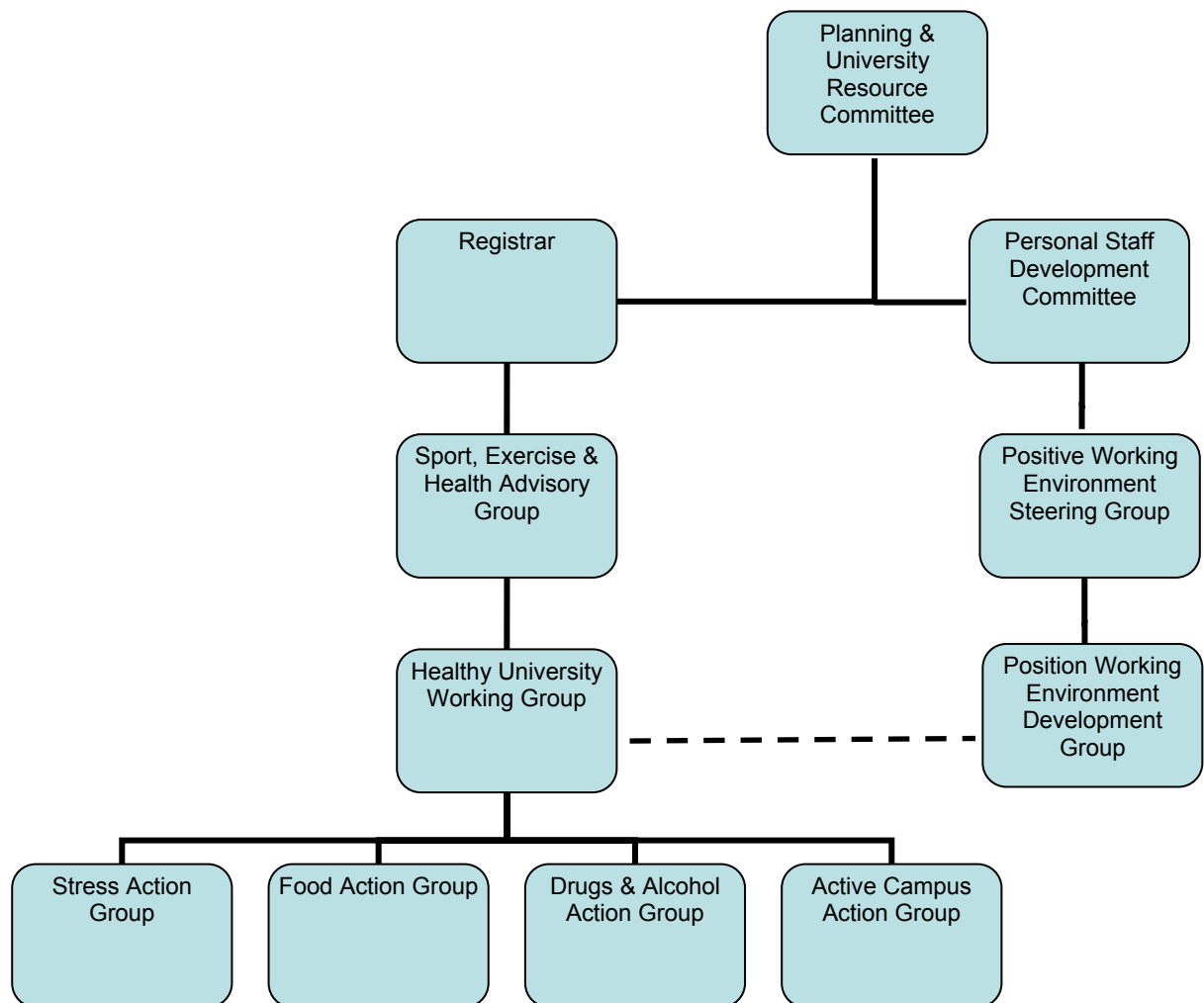
External Links:	A wide range of relevant local and national bodies that includes the local authority, PCTs, VITAE and Sport England.
Action Plan:	The PWE action plan is in development, however there are a number of commitments that reflect the areas of work taking place, for example under Healthy University.
	The Healthy University Working Group's role will be to:

	• Identify the University's current health priorities and future opportunities and develop interventions and programmes accordingly. • To identify and facilitate collaborative activities among departments • To provide advice and information on health issues to assist departments in developing and maintaining health programmes in accordance with University health standards. • To represent to views of staff and students Through a review of evidence such as the 2007 PWE Staff Survey, the 2007 Student Survey and the national health agenda the working group has identified four key areas for action: • Stress • Drugs and Alcohol • Active Campus (focus on Musculoskeletal Disorders) • Healthy Eating The membership of the sub-groups will comprise staff and students from appropriate departments including Hall Warden, tutors and JCR committee members; the Athletic Union; Occupational Health staff and representatives from external bodies such as owners/managers of local bars, Bristol Drug and Alcohol services and charities such as Mind. The four sub-groups are currently being set up with the respective chairs meeting every term to update the Healthy University Working Group on agreed targets and timelines. Ensuring the work links to the overall Terms of Reference each group will: 1. review evidence (pwe staff survey, student survey etc.) 2. review existing programmes/services 3. agree targets 4. agree further action required 5. agree measurement/evaluation 6. agree timeline.
Priority Topics/Themes:	The six PWE priorities are called the PWE Commitments and were identified through analysis of the two PWE Staff Surveys. They are: • Staff Support and Development • Leadership and management • Communication • Physical Environment • The Healthy University* • Evaluation. * The areas for development and agreed actions under this commitment are specific to staff but they will be developed in parallel with student specific services and programmes as the Healthy University initiative is University wide.
Evaluation:	A second PWE Staff survey was conducted in 2007 with a third planned for 2010 - a copy of the 2007 survey report

	can be found at http://www.bris.ac.uk/pwe/2007surveyreport Individual interventions/schemes are also evaluated to provide additional information.
Sustainability of Projects:	PWE is allocated a budget each year to ensure projects are continued long term, primarily by securing the staff to deliver services such as Counselling, Career Coaching etc. In some instances we have had to source external funding/ sponsorship to match University funding – for example local businesses were approached for sponsorship of PWE Week but this approach will not guarantee long term sustainability. Initiatives within the Healthy University commitment vary with external bodies invited to sponsor/support projects such as the Pedometer Challenge and in some cases a charge is attached to cover costs – e.g Staff Wellness Days, Sport Courses, Gym Memberships etc.
Engagement in organisation/system change:	PWE is now a major part of the overall University Plan. The 2007 - 2009 Strategic Plan has eight key 'people' actions, one of these specifically relates to PWE as follows: Positive Working Environment: Continued action to establish a positive work environment for all staff, including equal opportunities and diversity, dignity at work, working hours, fitness to work, communication, participation and partnership and improvements in the physical and social environment.

Resourcing

Staffing resources	Non-staffing budget	Additional sources of income from running the project?
PWE: co-ordinated by Personnel Manager (Policy Development); funded centrally; full time permanent post. Healthy University Commitment: co-ordinated by the Healthy Lifestyle Manager; funded centrally; full time permanent post.	Yes. For PWE this is currently £25,000 p.a., the Healthy University Commitment does not have a dedicated non staffing budget	We have attracted some private sector sponsorship and been sucessful with a HEFCE grant to examine evaluation of PWE and promotion across the UK (to take place during 2009)

Reflections

University of Bristol has been applying a whole university approach and as a result PWE is firmly embedded within the University's vision and strategy ensuring PWE is sustained in the long term and staff recognise it as a legitimate programme that delivers in response to staff needs. The PWE brand is recognised across the University and whilst we still have work to do to ensure PWE policies become university culture our whole university approach increases the likelihood of that happening.

While this work has strong senior management commitment there has been a challenge to obtain commitment more widely across the University. One target group to make this happen are 'middle managers' in many cases these are the people that

can help (and sometimes hinder) a members of staffs ability to engage in the agenda.

University of Bristol has found that the drivers for this work have been;
- Retention and Recruitment of High Quality staff
- Cost savings around sickness absenteeism and low productivity.
- Links to the corporate objectives of the University, staff make up 70% of our 'costs' if we can improve the 'efficiency' of this resource by just 10% through areas such as Health Living it will represent a significant impact.

The University has made a significant financial commitment to PWE but the addition of a sixth commitment (The Healthy University) and adoption of a University wide health agenda requires additional investment and resource if the University is to see further improvements in the physical and mental health of its staff and students. Investment and support from the University, commercial partners and national stakeholders such as HEFCE are required to deliver **highly visible innovative projects** that will be developed in response to feedback from an **engaged and empowered university community** with reference to the **public health agenda**. Health promoting policies and interventions will support the University's primary purpose of "attracting, supporting and retaining truly outstanding staff and students" and its commitment to making "an even more substantial contribution to the kinds of knowledge, understanding and scholarship that will be required in tackling some of the world's most pressing issues" which include health and health inequalities.

Contact Details

Karen Harvey   karen.harvey@bris.ac.uk   0117 331 1166

Sport, Exercise and Health
Tyndall Avenue
Bristol
BS8 1TP

2. University of Central Lancashire

Background Information

Title: Health Promoting University Initiative

Established: 1995   **Website:** www.uclan.ac.uk/hpu

Led by: Faculty of Health in partnership with academic faculties and services across UCLan, including Human Resources, Facilities Management, Safety, Health & Environment, Student Affairs, Students' Union and UCLan Sport.

Students	Full-time 18,902	Part-time 12,989
Staff	Academic 1,668	Non-academic 1,801

Aims:
- To integrate within the university structures, process and culture a commitment to health and to developing its health promoting potential.
- To promote the health and well-being of staff, students and the wider community.

Objectives:

Sets of objectives are written related to specific areas of work, for example:

Healthy and Sustainable Food Framework:
- To move towards a healthier and more sustainable food supply chain.
- To increase the provision of affordable healthier food for the diverse university community.
- To improve consumer information through provision of clear and consistent food labelling.
- To raise awareness of and promote the benefits of eating healthier and sustainable food.
- To improve students' skills relevant to healthier eating
- To increase understanding and knowledge about food, health and sustainability through research and teaching.

Rethinking Student Mental Well-being
- Auditing University and external support systems related to mental illness, conduct a literature review.
- Expand pilot research with staff and students on mental health.
- Develop, test and evaluate work that will go into a good practice guide for Rethink
- Map current pathway of care for students, highlight improvements, work towards strategic developments internal/external
- Disseminate information to staff to improve confidence around dealing with these issues and referrals. Links to HR and staff development/training, LDU and tutor training.
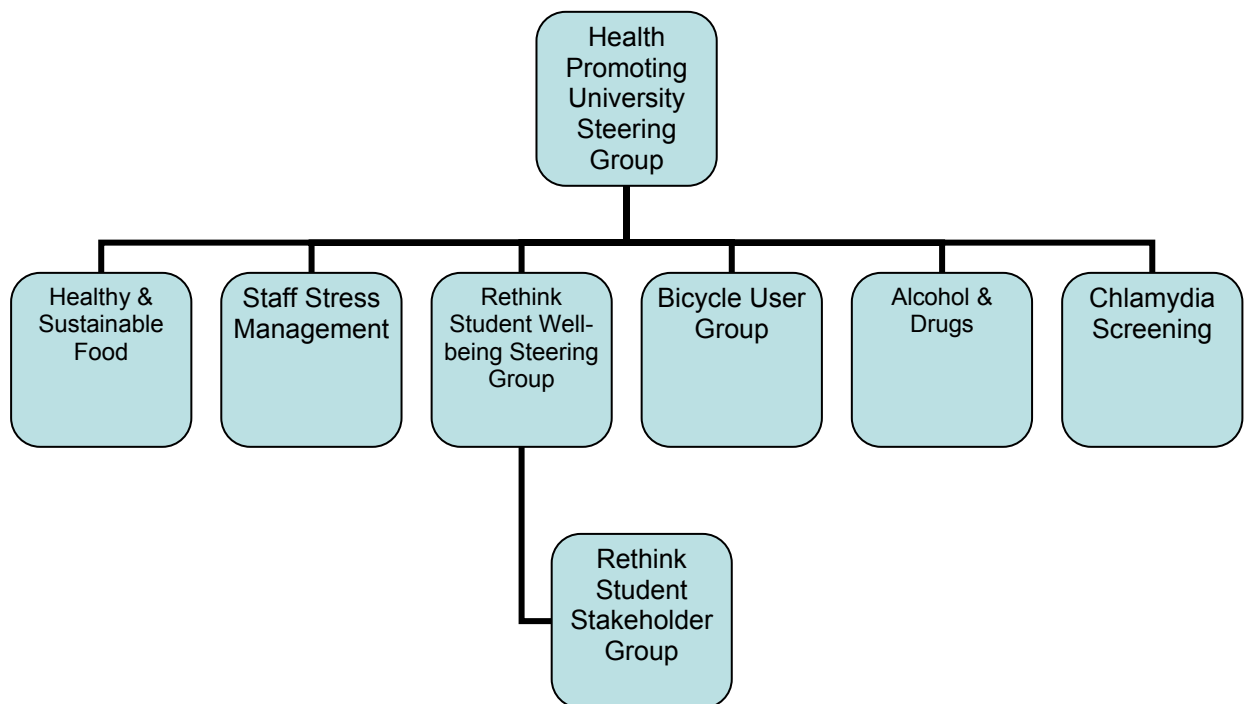
Development of Work:

In the early 1990's UCLan was involved in the English Pilot for Health Promoting Hospitals, building on this experience a conference was held, 'The Settings Approach to Health Promotion' in collaboration with WHO is 1993. After this event internal meetings took place and awareness was raised about this approach and discussions held about applying the approach to UCLan. Two years later in 1995 Faculty of Health funded a 2 yrs post, half of the post included the co-ordination of the Health Promoting University (HPU). After this pilot phase the post was made permanent with additional central support.

The work has senior management commitment, with the steering group being chaired by the Dean of the Faculty of Health. The initiative has secured buy in by working to ensure that the HPU activity is placed within the UCLan strategies led by senior managers from across UCLan. There have been challenges over the length of time the initiative has existed in maintaining support and replacing senior advocates for the work as they have left the organisation.

Structures, Process and Work Programme

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                    │     Health      │
                    │   Promoting     │
                    │   University    │
                    │    Steering     │
                    │     Group       │
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│Healthy│  │ Staff │  │  Rethink  │  │Bicycle│  │Alcohol│  │Chlamydia │
│  &    │  │Stress │  │Student Well-│ │ User  │  │  &    │  │Screening │
│Sustain│  │Manage-│  │being Steer-│ │ Group │  │ Drugs │  │          │
│able   │  │ment   │  │ing Group  │  │       │  │       │  │          │
│Food   │  │       │  │           │  │       │  │       │  │          │
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                    ┌──────────┐
                    │ Rethink  │
                    │ Student  │
                    │Stakeholder│
                    │  Group   │
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In addition to working groups the HPU is involved in a range of campaigns, usually developed in partnership with the SU. The HPU works in partnership with UCLan Volunteering Unit to support the student volunteer health project, 'touch'. Also HPU attends or provides information to a range of committees within UCLan that have links to health, e.g. Safety Health and Environment, Sustainability, Student Experience.

External Links:	Within the Steering Group and working groups the HPU seeks to establish appropriate links with external agencies, e.g. Rethinking Student Mental Well-being has a large stakeholder group of agencies, service users and UCLan

	reps. Chlamydia testing team from PCT link with sexual health campaigns. Police links with touch project and drugs/alchol issues. Food has links with Regional Food and Health Task Force. Local PCT links to LSP, Alcohol Strategy
Action Plan:	Separate action plans for key areas of work, an overall HPU plan for the next 3yrs is currently in development.
Priority Topics/Themes	Current focus areas include: • Mental health of staff and students • Healthy and sustainable food • Alcohol
Evaluation:	Different aspects of the work have been evaluated as appropriate, as work develops evaluation is built in where possible, e.g. Staff Lifestyle Club, evaluation included numbers attended, feedback from sessions, 3mth feedback, 6mth feedback Touch project, has evaluated the quality of service, and campaign/resources evaluated. Rethinking student mental well-being, liks to national evaluation of wider project.
Sustainability of Projects:	Examples of sustainabilty; Touch student volunteer outreach project, started as a 3 month pilot, ran by external partners for 2 years, then managed by HPU, SU and now sits within the volunteer unit. Now in its 10th year. Regular curriculum input , e.g. photography, marketing, health courses. Rethinking Student Mental Well-being, new services are being piloted with view to embed if proved successful.
Engagement in organisation/system change:	HPU involvement in strategic planning, Drugs policy/procedural guidelines developed for staff to follow. HPU involved with Stress Management working group who put forward use of HSE Stress Audit. HPU involved with tender process for the occupational health service. Involvement with Travel Plan/BUG group re building design, cycle provisions, cycle scheme for staff.

Resourcing

Staffing resources	Non-staffing budget	Additional sources of income from running the project?
0.6 HPU Co-ordinator post and managerial support from Director of HSDU.	Yes.	Yes, through partnership links with PCT andHEFCE funding linked to volunteering. Internal 'pots' of funding accessed.

Reflections

There has always been a commitment to apply a whole systems approach. In practice this has had varying degrees of success. When action plans have been developed an issue or health topic is considered in its widest sense. A range of activities are considered that aim to change systems, promote information, sometimes develop training/services and generate research if required. The HPU links to existing areas of work to maximise capacity where possible. Over the years the HPU has developed an internal partnership way of working, always inviting a

range of people to be involved, to bring issues and discuss sometimes difficult and contradictory views in a supportive and positive way. Looking for practical solutions and ways forward. Bringing in community partners has been very useful to give an external specialist view to guide UCLan.

The barriers for taking this work forward include;
- Limited resources
- Lack of any national priority steer to support this work
- Changing nature of SU executive, long term work difficult to develop
- Knowing where the role starts and finishes, being clear about the role alongside other staff roles that could very easily overlap
- Working with the slow nature of organisation change in a large organisation
- Keeping the HPU 'fresh' as the years have gone on

The drivers for this work have been for UCLan, staff - sickness/absence, leadership, external HSE auit on stress management, students retention, some drivers around recruitment. And some drivers around developing positive community links.

Contact Details

Sharon Doherty   shdoherty@uclan.ac.uk   01772 893761

Harrington Building
University of Central Lancashire
Preston
PR1 2HE

3. Leeds Metropolitan University

Background Information

Title: No specific title, part of the university vision & character: A healthy, ethical, environmentally-friendly and sustainable community.

Established: 2007

Led by: Services to Students

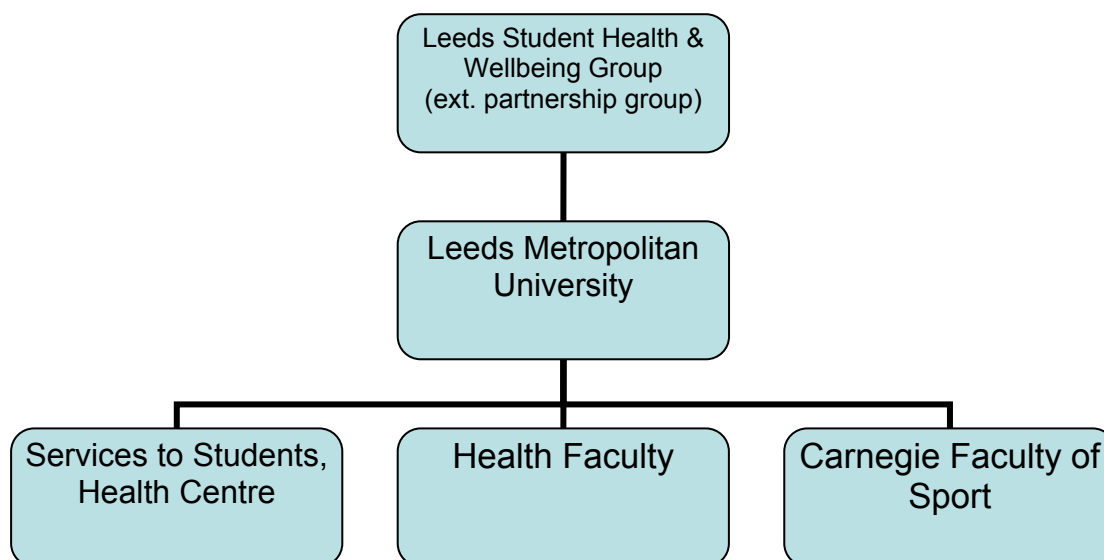| Students	Full-time 23,500	Part-time 11,578
Staff	Academic 1,500	Non-academic 2,000

Aims:
To work with the PCT and other Leeds HEI's to develop and attain a Healthy Universities Standard for Leeds

Development of Work:
Came out of the Leeds Student Health Needs Assessment work commissioned by the North Leeds PCT together with Leeds HEI's.   The work has senior management commitment. This came about when the needs assessment was followed-up and disseminated within the university.

Structures, Process and Work Programme

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          ┌─────────────────────────┐
          │ Leeds Student Health &  │
          │    Wellbeing Group      │
          │ (ext. partnership group)│
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          ┌─────────────────────────┐
          │   Leeds Metropolitan    │
          │       University        │
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│ Services │   │    Health    │   │   Carnegie   │
│ to       │   │   Faculty    │   │  Faculty of  │
│ Students,│   │              │   │    Sport     │
│ Health   │   │              │   │              │
│ Centre   │   │              │   │              │
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External Links:	Regular meetings of Leeds Student Health and Wellbeing Group.
Action Plan:	**Key tasks:** **Leeds Student Health and Wellbeing Group** • To develop and attain a Healthy Universities Standard for Leeds in conjunction with the national health promoting universities and Colleges network. • To develop and promote a community guide to provide advice and guidance to students about living in the

community.
- To encourage all stakeholders to play an active role in communicating and coordinating their approach to students living in the community.
- To develop and promote a range of alternatives to attendance at A&E particularly at evenings and weekends.

Leeds Metropolitan University
Sexual Health
- To expand the role of pharmacists in promoting the health of students in particular emergency contraception provision and minor ailment schemes
- To improve the coordination and planning of health related activities at the start of the academic year
- To reduce the incidence of STIs in the student population
- To undertake a rolling programme of sexual health education to raise awareness and better prevent the transmission of STIs
- To improve access to screening and treatment services including Chlamydia screening and contraceptive services.
Mental Health
- To prevent and reduce the number of students experiencing mental health difficulties
- To improve students access to timely and appropriate mental health problems.
Healthy Eating
- To promote healthy eating messages, cooking and budgeting skills with the student population.
Physical Activity
- To increase physical activity to nationally recommended levels across the whole student population.
Smoking/Alcohol
- To expand access to Leeds Stop Smoking Service
- To develop peer led smoking cessation interventions in university and college settings in line with NICE guidance
- To reduce alcohol and drug related harm in the student population
- To continue to develop and exand the 14-21 campaign
- To work with student union bars to encourage the adoption of a 'sensible drinking programme' and to train staff to serve alcohol responsibly
- To develop drug use/harm reduction campaigns that draw upon the expertise of students unions and agencies and groups working in the field.
International Students
- To expand and develop new approaches to engaging with international students to help improve well-being
- To ensure that all eligible international students are registered with a GP and dentist
- To ensure international students are provided with accurate information about local NHS services
- To prevent and reduce the number of international students experiencing mental health difficulties
- To improve international students access to times and appropriate mental health services.

Priority Topics/Themes	Students as part of a healthy community; Mental Health, sexual health, alcohol, smoking, nutrition and physical activity, international students coordinated by the Leeds Student Health and Wellbeing Group with working groups as appropriate.
Evaluation:	There are targets and target dates which will the basis for evaluation of progress.
Sustainability of Projects:	The current project arises out of long-standing cooperation between the parties involved.
Engagement in organisation/system change:	The system change has particularly been from the PCT in how it has taken on board student health and well-being as a specific issue that needs to be addressed.

Resourcing

Staffing resources	Non-staffing budget	Additional sources of income from running the project?
Staff from the university health centre, counselling team (mental health), unversity health faculty and university sport, university catering services are involved in supporting the initiative.	No.	Yes, from the PCT in terms of inputs to specific student related health campaigns.

Reflections

Leeds Metropolitan University has been apply a whole university approach but feels they are not yet fully there because not all areas as well engaged as others within the university. The barriers for this work progressing have been time and resources, in particular the lack of a project coordinator. The key drivers have been the openness of the PCT to be involved in working with HEI's in Leeds.

Contact Details

David Arblaster   d.arblaster@leedsmet.ac.uk   0113 812 5666

Leeds Metropolitan University
Civic Quarter
Leeds LS1 3HE

4. Manchester Metropolitan University

Background Information

Title: Academy for Health & Well-being

Established: 2007

Led by: Health + other Faculties, student services, catering, sports, sustainable environment, human resources and student union, and external members from NHS, Business and Local Authority.

Students	Full-time 23,000	Part-time 10,000
Staff	Academic 3,000	Non-academic 2,000

Aims:

The main focus of The Academy for Health and Wellbeing is to provide facilitative leadership and influence and to act as an advocate for MMU's health provision in knowledge transfer/exchange, learning & teaching and enterprise. Its purpose is to be a dynamic stakeholder partnership that enables effective interaction between policy, research and practice for the delivery of health and wellbeing for at local, regional and national level:

- Establish a multi-disciplinary academic community in health and wellbeing that is distinctive from other providers in the field in terms of its focus, range of expertise, responsiveness, whole system approach, and engagement with external partners.
- Work towards the future establishment of a physical centre – an Academy for Health and Wellbeing – a regional and national centre which places MMU at the heart of the change agenda for health, and profiles MMU's capability and expertise.

Objectives:
- Establish the Academy as the initial point of contact for partners and stakeholders wishing to engage with the university.
- Provide a more effective response to external demand and priorities for evaluation research, knowledge transfer, enterprise and professional development.
- Develop stakeholder/university partnerships through knowledge exchange workshops.
- Improve communication channels internally and externally.
- Establish an Academy membership base of Public, Private and Voluntary Sector members.
- Work proactively with the support of MMU's existing central services to secure third stream funds to develop and sustain the services and expertise of the Academy.

Development of Work:
The initiative is led by PVC Health to bring together all health related provision within the University and also create an interface with external stakeholders. A proposal was developed by a working group which was then submitted to the University

Executive. This was followed by two stakeholder events, one internal and the other external. Subsequent developments are for a University Health Policy, which is currently being evaluated. There is senior level commitment for this work.

Structures, Process and Work Programme

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                    │ University Executive│
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                    │ Academy for Health  │
                    │   & Well-being      │
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                    │ Health Promoting    │
                    │ Policy Steering     │
                    │ Group               │
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 │ Education/   │      │ Prevention     │     │ Interventon     │
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 │ Promotion    │      │                │     │                 │
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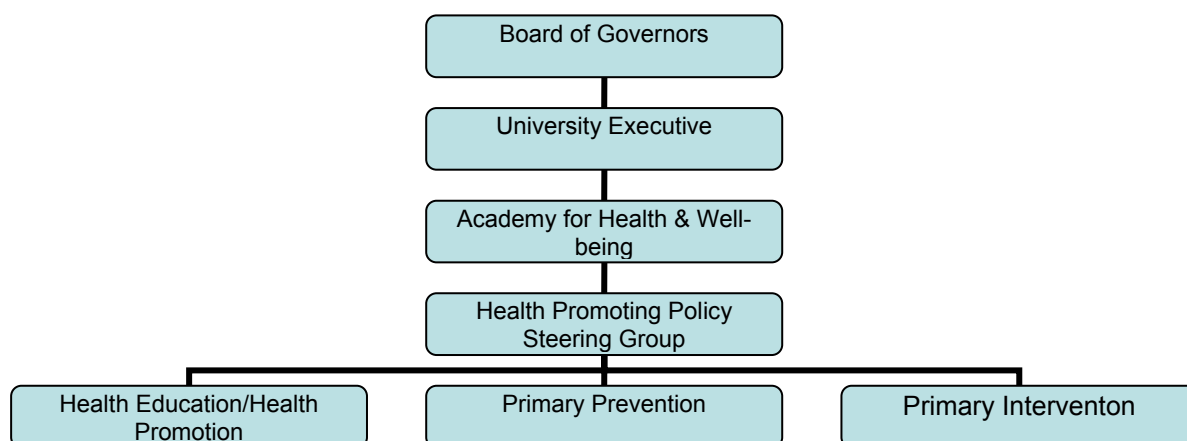
Membership of Policy steering Group and the Delivery groups are drawn from all key departments and externals represented in the Academy.

External Links: PCT, Local Authority, and to include relevant businesses as well, and also HPU Network

Action Plan: Yes, developed by Academy Partnership Board.

Evaluation: Through Policy Group, with impact assessment methodology- To be secured.

Engagement in organisation/system change: Yes, as part of University wide change agenda and process

Resourcing

Staffing resources	Non-staffing budget	Additional sources of income from running the project?
Dedicated project co-ordinator. Mainly contributions from existing Departments and the host Faculty.	Yes, HEIF funding.	Yes, currently small income through commissioned projects.

Reflections

MMU has been applying a 'whole system approach', with the view that everyone is a stakeholder with shared vision /commitment for a health workplace. The barriers MMU have experienced in applying this approach has been securing buy in from non

health aware groups. MMU has found that the drivers for this type of work are the costs and benefits for the organisation.

Contact Details

Vince Ramprogus	v.k.ramprogus@mmu.ac.uk	0161 247 2002
Sue Powell	s.powell@mmu.ac.uk	0161 247 2283

Faculty of Health, Psychology & Social Care
799 Wilmslow Road
Didsbury
Manchester
M20 2RR

5. Nottingham Trent University

Background Information

Title: Student Health Promotion Strategy

Established: 2005

Led by: Health Promotion Specialist within Student Support Services

Students	Full-time 19,448	Part-time 4,147
Staff	Academic 2,152	Non-academic 1,741

Aims:

To create and maintain a culture in which healthy choices are the easiest choices for students at NTU (Student Health Promotion Mission Statement).

Objectives:
- To promote a student experience conducive to developing healthy behaviours.
- To promote student retention and achievement by empowering individuals to make healthier choices.
- To raise the profile of the links between student health and a successful university career.
- To raise student awareness around relevant health issues.
- To help reduce health inequalities within the student body and promote social inclusion.
- To support the development of internal and external services to promote the health of students.
- To develop, implement and evaluate action plans around identified key issues (current issues: sexual health; alcohol, drugs and tobacco; healthy eating; physical activity; emotional health and wellbeing; and current public health issues).
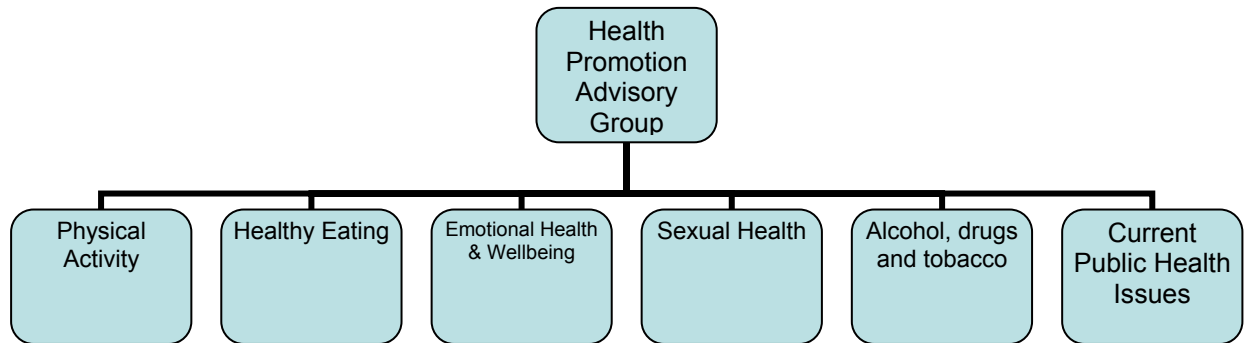
Development of Work:
NTU has a very student-centred approach to developing its learning and teaching strategies, and a strong performance in relation to student retention. The initative for a student health promotion strategy came from Student Support Services where there is a shift from reactive services to proactive and preventative activities that promote wellbeing, rather than simply dealing with problems. There was a recognition that aspects of student lifestyle are likely to have a direct impact on student achievement and progression and that a dedicated resource was needed to lead developments in health promotion work that extended beyond 'campaigns' and towards a more embedded and sustainable approach. It was recognised that, in a busy student services context, the preventative element is often encroached upon as student facing work has to take priority and so a post was created that concentrates on strategy and service development and cross university issues.

The work has senior management commitment, with the Health Promotion Advisory Group (steering group) being chaired by the Vice Chancellor. We are very fortunate to have a VC who is committed to the aims of our project and keen to be involved.

We have secured buy in from the SMT by making presentations to them and following up ideas for taking work forward in their area - Colleges and Schools and Professional Services. I feel that we have presented our project well and achieved more than we set out to do - this gives us momentum and makes others want to get on board. The challenge is deciding what to do first and maintaining the visibility of the initiative.

Structures, Process and Work Programme

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                    │  Advisory   │
                    │   Group     │
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│Activity ││ Eating  ││ Health  ││ Health  ││drugs and││ Public  │
│         ││         ││& Wellbe-││         ││ tobacco ││ Health  │
│         ││         ││   ing   ││         ││         ││ Issues  │
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In addition, task groups work on specific projects to implement, evaluate, mainstream where appropriate and feed back to the HPAG. Task groups currently active are:
- Social Sciences Health Promotion Group
- Working with Halls of Residence
- Drugs and Alcohol Survey Group
- Disability and Inclusion Common Interest Group

There are opportunities for staff to get involved throughout the year as information is disseminated to relevent staff.

There are opportunities for students to get involved through the Student Union, Student Support Services and through links made with courses in Social Sciences, Sport and Nutrition. Public Health year 3 students have a health promotion module which involves them working to plan and deliver a student health campaigns week in March – this is linked to the strategy and creates resources and data for future work.

External Links:	Examples on the Health Promotion Advisory Group: Nottingham City PCT Nottinghamshire County TPCT Nottingham Crime & Drugs Partnership Examples of who the Health Promotion Specialist links with: Mental Health Promotion Group (PCT) Alcohol and Drugs Advisory Group (CDP) Best Bar None Steering Group (APAS) Student Coordination and Delivery Group (City Council) Sexual Health Providers Forum (PCT) Services involved in delivery on campus: Nottingham City Markets and Fairs Nottingham City Chlamydia Screening Team Nottinghamshire County Chlamydia Screening Team Nottingham City Council Smoking Cessation Service Nottinghamshire County PCT New Leaf Service The Health Promotion Specialist maintains close links to the Nottingham City PCT Health Promotion Service and has a mentoring arrangement with a Health Promotion Coordinator

Action Plan:	Each theme of work has an action plan, e.g. objectives from sexual health theme • To establish baseline data relevant to NTU students • Strategic vision and partnership working • To improve access to information on sexual health for students • To improve access to sexual health services • To review and develop this theme
Priority Topics/Themes	Sexual health; Alcohol, drugs and tobacco; Healthy Eating; Physical Activity; Emotional Health and Wellbeing; and Current Public Health Issues; Inclusion. These were based on the Healthy School standard, adapted for the context and target group and agreed by the Health Promotion Advisory Group in 2006. Population subgroups that we have worked on / are working on are: First years, international students, mature students, care leavers, mental health service users, students at our rural campus, social science students, disabled students.
Evaluation:	We have evaluated individual pieces of work by getting staff, student and partner organisation feedback - both qualitative and quantitive. Each theme of the strategy is evaluated on an annual basis in terms of whether the actions were completed and the objectives met. We are undergoing a full review at the moment as the project is now three years old.
Sustainability of Projects:	We have worked with services whose targets are aligned with our own and can provide continuity of service - e.g. chlamydia screening targets under 25s and the service can commit to ongoing provision of screening days every term. We have provided staff training - capacity building and skilling up existing staff promote health - emphasising that health is everyone's business. We have started small and worked to improve existing services - e.g. the Exercise Referral Scheme links Student Support Services to the Sport and Lifestyle Department to create extra support for students experiencing stress/depression. It is quite a small change but makes a big difference for the students and staff enjoy so it begins to grow and become a part of the service. Ongoing work with the Student Union executive staff to foster continuity in their yearly handover.
Engagement in organisation/system change:	Health promotion has become a part of Welcome Week, Inductions for new students, student support services staff development, library staff development, school development programmes, PGCHE, some academic courses. The student strategy has influenced the staff health promotion group and work targetting staff is now running and being developed more comprehensively. Health Promotion has helped in the shift towards a focus on wellbeing in Student Support Services.

Resourcing

Staffing resources	Non-staffing budget	Additional sources of income from running the project?
One full time Health Promotion Specialist, support from other	Yes.	Yes, in terms of services coming onto campus, e.g.

staff in Student Support Services and the Department of Sport and Lifestyle.		Nottingham City Markets, Chlamydia screening and Smoking cessation sessions.

In addition to the Student Support Services work, NTU also has;

- A staff health promotion group – website: https://www.ntu.ac.uk/intranet/health_promotion/, campaigns and events, co-ordinated by the Health and Safety Manager.
- A commitment to sustainable development - website: http://www.ntu.ac.uk/about_ntu/ecoweb/index.html
- Staff and student volunteering projects https://www.ntu.ac.uk/intranet/community/index.html.

Reflections

NTU has been applying a whole university approach. They have been able to work across very different settings within the university such as libraries, halls of residence, academic schools, course content, sport and lifestyle. The advantages are that they are reaching diverse groups of students in different settings with differing aims.

They have found that offering staff training around supporting students is also health promoting for the staff as they feel more supported and informed. Also, going for a whole university approach to healthy eating has been very beneficial to staff as well as students.

In a large and diverse university, there is a considerable challenge in ensuring that all areas engage with the strategy. NTU has been successful in linking up and making best use of resources in central professional service areas, and have started to make some impact in academic schools. But there is more work to be done in embedding health promoting initiatives within school learning and teaching enhancement strategies. The elements to a healthy university are all there but there is still a way to go to make the links – it needs to be recognised that what we are doing is changing the culture of a large organisation and change can be quite slow.

NTU has found that the drivers for this work have been;
- Widening Participation
- Student Retention
- Marketing and student recruitment
- Links to employers in health-related fields
- Universities are a very attractive option for services that need to reach young people under 25.

Contact Details

Sarah Bustard   sarah.bustard@ntu.ac.uk   0115 848 6346

Nottingham Trent University
Student Support Services
Burton Street
Nottingham
NG1 4BB

6. University of the West of England, Bristol

Background Information

Title: UWE Healthy University Project

Established: 2005

Led by: UWE has a Healthy University Group as a sub-group of the Sustainability Board. The Group is chaired by an academic but has representatives which include Human Resources, Environmental Management, Centre for Sport, Student Services, Senior Management Team, Student Union.

Students	Full-time 20,206	Part-time 7,470
Staff	Academic 1,300	Non-academic 1,500

Aims:

The aim of the initiative is to raise the profile of health, well-being and sustainability within the culture, structures and processes of UWE.
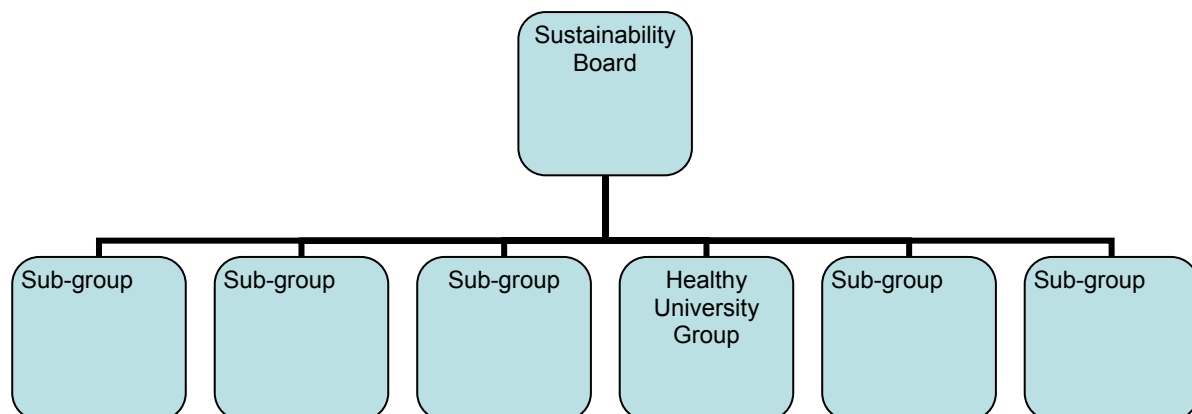
Objectives:

- To bring together existing initiatives for health, well being and sustainability enhancing participation, co-ordination and learning.
- To further develop healthy working, learning and living environments for students and staff.
- To increase the public health and sustainability aspects of teaching, research and knowledge exchange.
- To contribute to health and sustainability of wider communities.
- To communicatie our achievements and capabilities.

Development of Work:

The Public Health academic team recognised the importance of this agenda. A Reader in Public Health became a member of the Sustainability Board through which the Healthy University Group was established. UWE has senior management commitment for this work.

Structures, Process and Work Programme

External Links:	Local PCTs. Government Office South West. South Glos Food and Health Group.
Action Plan:	An action plan is currently being finalised via the Healthy University Group. This includes; • Consider the potential of student ambassadors around health and well-being in their work with Federation; student and staff volunteering. • Consider how this Healthy University work can be joined under other Healthy Region; Healthy Locality work. • Consult with Regional Director of PH re: Regional Healthy University development. • Prioritise key health, well-being issues for UWE staff and students; Bristol/South Glos; regional and national context. • Set up an large internal consultation mechanism for a Healthy University initiative. Support a consultation strategy via HR staff survey and UWESU Student survey. Discussion forum' in each Faculty to gauge staff and student views on priority areas for Healthy University work. • Develop a web presence. • Link with Relays Project funded by the HERDA-SW Legacy Trust.
Priority Topics/Themes	Food procurement; Transport; Physical activity; Mental health and wellbeing; Sustainability; Environment. Population sub-groups: Staff, Students, local communities.
Evaluation:	Aspects of the Healthy University project are evaluated e.g. Feel Good February and Sustainability Week. Feel Good February initiative was evaluated by; • monitoring attendance and numbers engaged in the different events • an evaluation form to students and staff requesting feedback on the month's events Evaluation of other aspects of Healthy University work are being considered.
Sustainability of Projects:	Some initiatives are run annually e.g Feel Good February and others more regularly e.g. Feel Good Fridays. Farmers market is run monthly, locally sourced catering menu is available, transport- cycle to work initiatives are continually available, development of the travel website continues.
Engagement in organisation/system change:	Yes. Involvement of members of the Healthy University Group in further developing student health and well-being services.

Further information

Feel Good February is one example of the overall UWE Healthy University Project, which involves the Sports Development department; Departments of Hospitality, Marketing and Communications, Environmental Management and Transport Planning; the Centre for Sport; Student Services; the Student Union; and the Chaplaincy. There is also exernal liaison with South Gloucestershire Council, the NHS, the Chlamydia Testing service, the Holistic Therapy Network, local cycle shops and the cycle charity, Lifecycle UK.

Aim
To Increase awareness of health and wellbeing issues which enhance individual lifestyles through education and interaction with the opportunities provided by 'Feel Good February'.

Objectives
• Engage staff and students in health related activities.

- Increase awareness of the benefits of physical activity and healthy eating and the
- impact that these can have.
- Increase awareness of the support services UWE offers eg mental health service,
- the chaplaincy, student services.
- Increasing opportunities for staff and students to try out new activities.
- Reduce stress, injury and illness.
- Improve the health of the community.
- Bring a sense of wellbeing to the eight UWE campuses.

Resourcing

Staffing resources	Non-staffing budget	Additional sources of income from running the project?
Academic undertaking the co-ordination of this work as part of their public health role. UWE's Health Development Officer is located in the Centre for Sport and contributes a great deal of expertise to the Healthy University agenda.	Support for meetings.	An exploratory study of 'Healthy University' related initiatives in Higher Education Institutions in the South West Region funded by HERDA-SW. Duration 6 months. £7500. SW Teaching Public Health Network have provided a small amount of funding to support exploratory work in the Region. Internal funding to undertake a UWE scoping exercise.

Reflections

UWE has been applying a whole university approach. The Healthy University project is embedded within UWE policy and planning structures via the Healthy University Group reporting to the Sustainability Board (chaired by the Deputy Vice Chancellor). All this work also makes a major contribution to the Institute for Sustainability, Health and Environment. The advantages have been the increasing visibility of the initiative across UWE and the Region. Also advice and support in terms of strategic direction and liaison with external partners. Setting priorities will always be a challenge with such a wide agenda but true collaborative working has helped to ease this task. The drivers for the work at UWE have been sustainability, student experience, student retention, staff experience, corporate social responsibility and community engagement.

Contact Details

Judy Orme   judy.orme@uwe.ac.uk   0117 328 8836

Faculty of Health and Life Sciences
Glenside Campus
Blackberry Hill
Stapleton
Bristol
BS16 1DD