Healthy and health promoting colleges – identifying an evidence base

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TCRU's responsive research programme

This study was carried out as part of the Thomas Coram Research Unit's programme of responsive research for the Department of Health. This provides a facility for government policy makers to request small-scale, exploratory studies on issues of immediate policy relevance. Such work is carried out by experienced researchers in accordance with sound research principles, and outputs are independently peer reviewed. It is important when reading and using reports from responsive programme studies, however, to bear in mind the limited time and resources available for each piece of work. Responsive programme studies are particularly useful in bringing together diverse evidence, 'scoping' a new field, and providing a basis for more substantive in-depth research where this appears to be necessary.

Contents

Background

The National Healthy Schools Programme (NHSP) is a joint initiative between the Department of Children, Schools and Families (DCSF) and the Department of Health (DH). The NHSP takes a whole school approach to promoting health and well-being among pupils and staff. Currently 91% of all schools in England participate in the programme and 48% have achieved full Healthy Schools Status.

The White Paper *Choosing Health* committed the Department of Health (DH) to extend the principles of the NHSP to colleges and universities. The delivery plan for *Choosing Health*, for example, states that the Department of Health '…*will 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*' (DH, 2005: p.102).[1]

Moreover, there is reported to be a growing interest in developing healthy colleges (and universities) and an increasing number of staff in colleges who are putting in place health-related activities as part of a broader healthy college programme (Doherty & Dooris, 2006).

To support and promote the health and well-being of young people attending Further Education (FE) colleges, the Healthy Schools Delivery Unit is in the process of identifying whether a national programme of work is perceived to be needed and, if so, what form this might take. The Department of Health, therefore, commissioned a small-scale study to inform decisions regarding the use of the approach adopted by the National Healthy Schools Programme to inform the development of healthy colleges of further education.

Aim

The aim of this study was to identify sources of evidence about existing initiatives which aim to promote physical and emotional health and well-being of young people (aged 14-19) within further education settings in England (or comparable college settings in other countries).

Specifically, the study addressed the following questions,

1. What is known about the health-related needs, interests and concerns of young people attending colleges of further education in England?
2. What is known about current 'healthy college' provision to promote the health and well-being of students attending colleges of further education?
3. What are seen to be successful and promising approaches to health promotion among younger students attending colleges of further education (or comparable types of educational settings in other countries – such as community colleges)? What approaches show little or no promise?

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[1] Department of Health (2005) Delivering Choosing Health: making healthy choices easier. London, DH.

4. What is known about whether certain types of approaches are more useful for particular groups of students (such as young men, young women or students with disabilities or learning difficulties), or for particular health issues (such as sexual health, smoking cessation or emotional well-being)?

5. Given what is known, what does this suggest for the development of programmes to promote health and well-being in further education (FE) college settings in England?[2]

Methods

The review, undertaken between October 2007 and January 2008, drew on a number of sources of data.

An overview of published literature relevant to the promotion of health and well-being of young people in FE colleges (or broadly comparable settings in other countries) was identified. Given the concise nature of the study, reviews and overviews of successful settings-based approaches to the promotion of health among young people were prioritised over individual evaluations. 'Grey' literature was also included where appropriate.

Literature was identified through electronic literature searches (using educational, social science, psychology and health databases).

Six education, social science and health indexes were searched: the British Education Index, the Australian Education Index, Education Resources Information Center, the Applied Social Sciences Index and Abstracts (ASSIA), the International Bibliography of the Social Sciences and MEDLINE.

Search terms used to identify potentially useful articles published since 1999 (when the National Healthy Schools Standard was implemented) included health, well-being, health promot(ion)(ing), students, young people, college(s), university(ies), healthy colleges, health promoting universities, college health, health program(m)es. In addition, four journals available electronically were individually searched for relevant articles: *Health Education, Health Education Research, The International Electronic Journal of Health Education, The Journal of Further and Higher Education*.

Eight hundred and sixty three potentially useful records were identified. Record abstracts were searched to identify articles which focused specifically on whole-settings approaches to promoting health in college and university settings as well as for articles which were reviews or overviews of college or university settings-based approaches to the promotion of particular health issues or topics.

Around 40 potentially useful articles were identified. No systematic reviews or overviews of promoting health in college or university settings were identified. Although it was beyond

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[2] Although the current study focused particularly on improving the health and well-being of young people attending colleges of further education, we have also included information about improving health and well-being across college settings (which assumes the inclusion of adults, too).

the scope of this study to systematically review evaluations of health interventions with students in further or higher education, articles focusing on a selection of health topics were identified if they appeared, from their abstract, to be experimental or quasi-experimental evaluations of a health intervention with students. This was to identify whether findings from such studies might indicate promising approaches to promoting health with college and university students.

To identify published and grey literature regarding the promotion of health and well-being in college settings, email contact was made with a number of organisations in the UK and with those in other countries. Requests for reviews and evaluations relevant to the study were sent to: the Healthy Colleges Network, the American College Health Association (ACHA), the Australia and New Zealand Student Services Association (ANZSSA)), the Canadian Organization of University and College Health (COUCH) the Schools for Health in Europe Network (the websites of these associations, organisations and networks were also searched). Email requests for information were also sent to two senior academics working in the field of school health in the UK (based at the University of Hull and Canterbury Christ Church University.

In addition, requests for reviews or evaluations of health-related work taking place in FE colleges in England was distributed via the networks of the Association of Managers of Student Services and the National Institute of Adult Continuing Education. This produced around 15 examples of health-related work taking place in colleges, although all were descriptions of work that had taken place, rather than evaluations (with explicitly described design and methods).

Structure of the report

The remainder of this report is organised as follows. First, background information is provided about the nature of the FE sector in England and the current policy context within which colleges operate. This context is essential for understanding and assessing the relevance of findings generated in other settings, such as Higher Education, and from other countries, such as the USA. This is followed by information about potential approaches to 'healthy college' work and an exploration of assumptions that underpin them, drawing on both UK examples (such as the Kirklees Healthy School Standard) and on examples of work in other countries.

Following that, the next two sections of the report consider what is known about the health-related needs and concerns of young people attending FE colleges, and what is known about the nature of current health-related work taking place across FE colleges in England. 'Hard' evidence relating to the effectiveness of different approaches to promoting health among younger college students proved difficult to find, but the report provides brief details of a number of studies that have set out to evaluate actions and interventions to promote younger student health and points to future possibilities.

Since a key aim of this study was to inform the development of a Healthy College strategy in England, the *Healthy Campus 2010* programme in the USA is described in some detail in the

next section of the report. This includes: aspects of health, drawn from a national health strategy, that are regarded to be relevant to colleges; strategic actions that colleges are recommended to take to develop a 'healthy campus'; and, an overview of some of the worksheets and tools that have been developed to support the programme. Although there are differences in the further and higher education sectors in England when compared with the USA, in the absence of substantial 'home-grown' evidence, the considerable amount of work that has been undertaken to develop *Healthy Campus 2010* may provide some useful insights into developing healthy college work in England.

Findings

Background to the FE sector

There are currently 376 colleges in the further education sector in England. One hundred and ninety nine of these are general FE colleges, 99 are sixth form colleges, 45 are tertiary colleges and 33 are specialist institutions often focusing on art and design or land-based studies (Foster, 2005). Colleges vary in size from around 500 students to around 40,000, the average being just under 9,000 students.[3]

Students take a range of courses, ranging from Basic Skills, to English for Speakers of Other Languages (ESOL), to vocational qualifications such as NVQs, BTECs and City and Guilds in subjects such as Health and Beauty, Construction or Business and Administration, to more traditional academic qualifications such as GCSEs, A-Levels, Foundation Degrees and Higher National Certificates or Diplomas. Colleges are the main provider of further education courses (which includes GCSE AS/A levels) to 16-18 year olds studying full-time.

While young people comprise only one fifth of the total population of students in FE, approximately half of all college provision – in terms of teaching hours – is for 16-19 year-olds (Foster, 2005).

Around 574,000 students under 19 are in general FE and tertiary institutions, with 146,000 in sixth form colleges and 18,000 in other colleges (there are, in addition, 47,000 young people studying further education courses in HE institutions, 379,000 studying further education courses in school sixth forms and 260,000 in work-based learning). Three quarters of those studying in sixth form colleges are under 19 years of age and study full-time.

Forty per cent of 17 year olds in full-time education in general FE colleges come from the lower three socio-economic groups (Lower Supervisory and Technical, Semi-Routine and Routine occupations), compared with 26% in sixth form colleges.

Of all learners (of all age groups), 19.3% are from Minority Ethnic Groups (compared with 9% of people from Minority Ethnic Groups in England as a whole).[4]

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[3] Figures provided by the DIUS, February, 2008.
[4]Proportion of people from MEGs in the population as a whole from census fin dings, 2001: http://www.statistics.gov.uk/census2001/profiles/commentaries/ethnicity.asp Accessed 2nd March, 2008.

In recent years, a number of White Papers and other reports have been produced with the aim of improving the quality of education for 14-19 year-olds. In 2006, the then DfES published *Further Education: Raising Skills, Improving Life Chances* (DfES, 2006a).This response to recommendations made in an independent review of the future role of FE colleges (DfES, 2005) outlined reforms which included: an entitlement to free provision for young people aged 19 to 25 who were studying for their first qualification at Level 3 (of the National Qualifications Framework); a programme to encourage the recruitment and development of the further education workforce; and a renewed commitment to tackling poor quality provision.

The *Further Education and Training Act* (2007) implements the commitments made in *Further Education: Raising Skills, Improving Life Chances* and seeks to 'equip the further education sector to play its part in delivering the skills Britain needs for the twenty-first century by' (among other things):

- 'Re-structuring and streamlining the Learning and Skills Council and making it more responsive;
- Strengthening the delivery of skills locally; and
- Helping drive up the quality of further education provision, including through stronger arrangements for consulting employers and learners.'[5]

A concurrent review, led by Lord Leitch, was tasked in 2004 with considering the UK's long term skill needs. The final report (HM Treasury, 2006) noted that steps should urgently be taken to raise achievements at all levels of in order to become a world leader in skills by 2020. Objectives to be achieved by 2020 included increasing basic skills of functional literacy and numeracy and raising the number of apprentices. A number of principles were reported to be needed to underpin the delivery of objectives. These included a shared responsibility among employers, individuals and the government to invest in the development of skills, a focus on economically valuable skills, a skills system that meets the needs of individuals and employers and building on existing structures of provisions – ensuring a degree of continuity of provision.

A report on the implementation of the Leitch Review, *World Class Skills* (DIUS, 2007), emphasises the global context within which England's skill base will be built. It envisages rises in the numbers of 16-18 year olds in full-time education as well as increasing numbers of people with better qualifications (particularly with regard to basic numeracy and literacy). With the piloting of 'Skills Accounts', individuals are to be given greater ownership and choice over their learning – having access '... to the full range of adult information, advice and guidance services in the new universal careers service' (*ibid* p.11). Individuals as well as employers are noted as the 'customers' of the skills system.

In addition, FE and sixth form colleges have had to respond to a new agenda for 14-19 year-olds laid out in the White Paper *14-19 Education and Skills* as well as its implementation plan (DfES, 2006a). The aim of these reforms, to create 'a system of 14-19 education matching the best anywhere; a system where all young people have opportunities to learn

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[5] See: http://www.commonsleader.*gov*.uk/output/page1766.asp Accessed 1st February 2008

in ways which motivate and stretch them and through hard work qualify themselves for success in life...' (p.4) is to be worked towards through a new entitlement for young people. 'Young people from the age of 14 onwards will be able to choose between pursuing general qualifications, including a new 'General Diploma' (...) and new, employer-designed 'specialised Diplomas' – which will develop young people's knowledge, understanding and skills through a mixture of general and applied education.' (p.5).

To enable young people to take up this entitlement, 'every area' is to be supported 'to develop a system in which schools and colleges can offer more to young people through working together than they could on their own' (*ibid*, p.6). This is not to be achieved through a nationally-imposed mode of delivery, but with 'only the minimal level of national prescription needed to secure delivery, a large amount of local discretion [and] a mechanism to enable all areas to learn from those which have done the most' (*ibid*, p.8). The Implementation Plan also notes that there is great deal to learn from initiatives such as the 14-19 Pathfinders and the Increased Flexibility Programme (the latter reported to be generally successful in providing 14-16 year olds with enhanced opportunities for vocational and work-related learning through FE colleges (Golden et al, 2006)).

With regard to inspection and accountability, there is a move in FE colleges in the direction of self-assessment and self-regulation. A college's self assessment report, for example, is a 'key part' of the evidence used by Inspectors (Ofsted, 2007: 109) and the Learning and Skill Council's Framework for Excellence can be used by colleges as a 'diagnostic tool to identify possible weaknesses and to head towards – or maintain – a universally agreed standard of excellence'.[6]

A number of other policies, programmes and strategies are also relevant to the potential development of a healthy college programme.

- *The Children's Plan* (DCSF, 2007) states that, by 2015 all young people should stay on in education or training (to 18 or beyond). It proposes new legislation to raise the participation age (in education) to 17 from 2013 and 18 from 2015. Furthermore, it states that funding for 16-19 learning will be transferred from the Learning and Skills Council to local authorities. A new action plan on alcohol, a new Drugs Strategy and a review of best practice in effective sex and relationships education are envisaged.

- *Youth Matters: Next Steps* (DfES, 2006b), notes that young people should be engaged in shaping local services that provide them with 'things to do and places to go'; opportunities for volunteering and peer mentoring; information, advice and guidance; and targeted support.

- A review of progress (DH, 2007) against the National Service Framework for Children, Young People and Maternity Services 2004 renews the government's commitment to young people with disabilities, complex health needs and long-term health

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[6] For further information on the LSC's Framework for Excellence, see: http://ffe.lsc.gov.uk/ Accessed 3rd March, 2008.

conditions, as well as to those with mental health, psychological and emotional needs.

- The Health and Safety Executive's (HSE) long-term occupational health strategy – which runs to 2010 – (HSE, 2000) aims 'To stop people from being made ill by work; to help people who are ill to return to work; and to improve work opportunities for people currently not in employment due to ill health or disability'. An HSE leaflet, *Healthy workplace, healthy workforce, better business delivery*: *Improving service delivery in universities and colleges through better occupational health* (HSE, 2006) notes that prevention of illness is as important as tackling sickness absence.[7]

- The Department of Health, Department for Work and Pensions, and Health and Safety Executive joint strategy for the health and well-being of working age people, *Health, work and well-being – caring for our future* (DH/DWP/HSE, 2005).[8] The key themes of the strategy are to engage stakeholders, improve working lives and focus on healthcare for working age people. It is intended that individuals will benefit by helping people manage minor health problems in work, helping people return to health following an absence from work because of illness, and helping people avoid health-related work problems.

- The Learning and Skill's Council strategy for sustainable development *From Here to Sustainability* (LSC, 2005a) is underpinned by a commitment to 'ensuring a better quality of life for everyone, both now and for generations to come' (p.2) and states that one key action is for as many colleges as possible to develop and implement a healthy college programme.

- The review of the health of Britain's working age population, *Working for a Healthier Tomorrow,* which calls for comprehensive reform and a new approach to health and work in Britain underpinned by the principles of: prevention of illness and promotion of health and well-being; early intervention for those who develop a health condition; and an improvement in the health of those out of work – so that everyone with the potential to work has the support they need to do so.[9]

- As part of its *Safe Learner* Pilot (LSC, 2005b), the Learning and Skills Council highlights the importance of providing a 'safe, healthy and supportive environment' to ensure learners gain an understanding of the importance of health and safety and develop a set of safety-oriented practices.

- The overall aim of the inspection of FE colleges, as outlined in the *Handbook for Inspecting Colleges* (Ofsted, 2007), is to evaluate the efficiency and effectiveness of the provision of education and training in meeting the needs of learners. There is a particular emphasis on promoting 'a culture of self-assessment among providers'

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[7] See: http://www.hse.gov.uk/pubns/misc743.pdf Accessed 1st February 2008
[8] See: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4121756 Accessed 3rd February, 2008.
[9] See: http://www.workingforhealth.gov.uk/Carol-Blacks-Review/ Accessed 23 September 2008

(*ibid,* p.8). The record of main findings (RMF) will state grades for, among other areas, each of the *Every Child Matters* five outcomes for young people. The RMF, therefore, not only includes reference to the extent to which the college is 'educationally and socially inclusive' (*ibid*, p.29) but also to its role in facilitating learners' health and well-being – in particular, with regard to physical activity, smoking, drug use, sexual health, healthy eating, stress, self-confidence, mental health, safety, bullying and discrimination. Moreover, the inspection will report on whether staff are supported in identifying and 'appropriately referring learners with possible physical and mental health problems' (*ibid,* p.52).

Background to healthy colleges and health promoting universities

The most explicitly specified healthy college standard in the UK – with regard to structure and implementation processes – is the Kirklees Healthy College Standard (Huddersfield Central and South Huddersfield PCT and Kirklees Local Education Authority, 2003). The Standard arose out of the interest of staff in one further education college, Huddersfield New College, to become involved in health-related and 'Eco campus' activities. In the absence of an existing healthy college framework, staff in Huddersfield New College and the Kirklees Healthy School Team wrote and piloted a Healthy College Standard along similar lines to the then Kirklees Healthy School Standard. The structure of the Standard and an outline of the processes involved in implementing it, are published in a Guide (Huddersfield Central and South Huddersfield PCT and Kirklees Local Education Authority, 2003) (further details about the Kirklees Healthy College Standard are provided below).

As noted, there is a growing interest in the development of healthy college approaches and Escolme et al (2002) have outlined five reasons why those in colleges should be concerned with the health and well-being of students and staff. First, students' sense of well-being and of belonging to a college can have a positive impact on their achievement. Second, a concern about health and well-being held by college staff can improve the quality of students' college experience. Third, addressing the health and well-being of students should be part of a college's overall offer to students, to provide them with the best opportunities for learning. Fourth, many different factors can negatively affect students' health and their educational achievement, so colleges should be geared to mitigate the influence of these factors. Finally, a concern for students' welfare, well-being and health is likely to aid student recruitment and retention.

Current interest in healthy colleges appears to have been stimulated by the National Healthy Schools Programme and its predecessor, the National Healthy School Standard. However, as James (2003) notes, the concept of the 'health promoting college' was outlined as early as 1993 in a report, *The Health Promoting College* (O'Donell & Gray, 1993). This noted the lack of opportunities for young people in the post-16 education sector to learn about and engage with health issues – particularly in comparison to schools.

A few years later, the book, *Health Promoting Universities* highlighted interest in the application of a settings-based approach in health promotion to higher education (Tsouros et al. 1998; see also Dooris, 2001). This approach drew on a number of principles and

perspectives outlined in *Health for All,* the *Ottawa Charter for Health Promotion*, and *Agenda* 21 (see Dooris, 2001) and included a commitment to understanding and acting on a range of factors that influence health and well-being in university settings (Dooris, 2001; Whitelaw et al, 2001).

Dooris (2001) outlines a number of key processes which play a part in the development of a health promoting university. These include,

- Integrating a commitment to, and vision of, health within university plans and policies
- Creating health promoting and sustainable physical environments
- Developing the university as a supportive, empowering and healthy workplace
- Supporting the healthy personal and social development of students
- Increasing understanding, knowledge and commitment to multi-disciplinary health promotion across all university faculties and departments
- Supporting the promotion of sustainable health within the wider community

In a similar vein, James (2003), has argued that the development of a Health Promoting College should be conceptually and theoretically informed. Specifically, she draws on the earlier work of O'Donnell and Gray (1993) who argued that action needs to be taken with regard to different aspects of an institution: through its governance and management (such as revising policies, organisational procedures and styles of management so that health-related issues are included); through its physical environment (such as creating attractive, cared for surroundings, a smoking-free environment, wide-ranging catering provision and a crèche); through its curriculum (which has negotiated learning objectives, addresses health and well-being and issues such as equal opportunities, and provides for the professional development of staff); and, through its staff-student relationships (such as staff-student contact beyond teaching related commitments, counselling services, student involvement in policy making).

O'Donnell & Gray also suggest that the health promoting college approach should be informed by health promotion theory. Four approaches to health promotion are identified – each of which could inform the development of health-related activities in a college. These approaches are:

- Health-risk/advice – which could involve the identification of health-related risks and the provision of information to help people counter risks
- Educational/rational – which could involve providing opportunities to support people to learn about health
- Self-empowerment – which could involve the encouragement of self-help and respect for others
- Action-for-change – which could involve the identification and promotion of action-oriented programmes and activities that address health with students and staff.

Dooris (2006) highlights that a settings approach to promoting health can be understood to have a number of key characteristics. First, this approach can be allied to an ecological model of health promotion in which health is understood to be influenced or determined by

a range of environmental, organisational and personal factors. Second, settings can best be viewed as dynamic systems, set within a context and in which there is a relationship between inputs, processes and outputs and outcomes. Third, and with regard to bringing about and responding to change, settings should be viewed as organisations in which a balance needs to be struck between 'top-down commitment with bottom-up stakeholder engagement' (Dooris, 2006: 56).

Current guidance for the National Healthy School Programme identifies similar features of a whole-settings approach to improving health and well-being – namely working with schools as organisations in which a number of factors operate to influence health. However, the National Healthy School Standard (on which the current NHSP is based) also built on findings from research into school effectiveness and improvement.[10] In particular, the Standard draws on the 11 key characteristics of effective schools identified by Sammons et al (1995) in their review of school effectiveness research. These 11 characteristics were:

- Firm, purposeful and participative professional leadership;
- Creating a shared vision and goals, collegiality and collaboration;
- Building an orderly yet creative learning and working environment;
- Focusing on promoting teaching and learning;
- Having in place purposeful teaching with clarity of purpose;
- Holding high expectations and providing intellectual challenge;
- Providing positive reinforcement and clear and fair discipline;
- Monitoring pupil progress and evaluating school performance;
- Advancing pupil rights and responsibilities and raising pupil's self-esteem;
- Establishing home-school partnerships; and,
- Creating a learning organisation (which provides staff development opportunities).

Currently, the aims of the NHSP are to support children and young people in developing healthy behaviours; help raise the achievement of children and young people; help reduce health inequalities; and promote social inclusion. The Programme focuses on four themes: Personal, Social and Health Education; healthy eating; physical activity; and emotional health and well-being. Drawing to some extent on the 11 characteristics of effective schools, the aims of the NHSP are to be realised and themes addressed through health-related activities in schools that engage with the following ten aspects of schools:

- Leadership, management and managing change
- Policy development
- Curriculum planning and work with outside agencies
- Teaching and learning
- School culture and environment
- Giving children and young people a voice
- Provision of pupil support services
- Staff professional development needs, health and welfare
- Partnerships with parents/carers and local communities

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[10] Personal communication with Marilyn Toft in 2007 (Toft was the National Coordinator for the Healthy School Standard and involved in the development and initial coordination and implementation of the Standard).

- Assessing recording and reporting children and young peoples' achievement.[11]

The bringing together of organisational factors with health-related matters can also be seen in the criteria outlined in the Kirklees Healthy College Standard. This states that, in order to be a healthy college, there should be:

- Whole college awareness of the standard – in that there would be a Healthy College Coordinator, support from senior management/leaders, a Healthy College Task Group, a Tutorial Programme which addresses health-related issues, a commitment to the Standard mentioned in the Self Assessment Report, a Development plan with identified funding for work on the Standard, appropriate Continuing Professional Development Activities that address health-related issues, communication with partners about health, and health-related targets and a broad awareness of these among the college community
- Opportunities for students to become active citizens – and for them to develop their social and moral responsibility, community involvement and political literacy
- Activities to promote health in five areas, including: a smoke free environment,[12] healthy eating, student well-being (including their mental and emotional well-being), physical activity, and staff health and well-being.
- Improvements to the physical environment of the college – such as promoting health and safety and providing a clean and tidy environment
- Promotion of community involvement – such as ensuring access and provision for disabled students, encouraging active student unions and links with community and political groups and individuals (including councillors and MPs), establishing links with business, and providing lifelong learning opportunities.

What is known about the health-related needs, interests and concerns of young people attending colleges of further education in England?

Some students entering further education may face particular challenges with regard to their health and well-being. Some may have found school difficult or may require extra time to develop basic and employment-related skills. FE colleges also have growing participation of 14-16 year-olds, for whom mainstream school is not felt to be appropriate or to meet their needs.[13] FE colleges are also extending provision (often work-based) for those over the age of 19, frequently including young people with learning difficulties.

Although there are many studies, particularly in the USA, of university students' health, there are as yet few studies which focus specifically on the health-related needs, interests and concerns of young people attending colleges of further education in England.

There are, however, a few exceptions to this general rule. The Schools Health Education Unit (SHEU), for example, has recently published information obtained from an online survey

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[11] See: http://www.healthyschools.gov.uk/About.aspx Accessed 3rd February, 2008
[12] The guidance was published in 2003 and this aspect of it may now be superseded by The Smokefree (Premises and Enforcement) Regulations (2006)
[13] Department for Education and Skills (2006) Further Education: Raising Skills, Improving Life Chances. DfES.

regarding the health of 5,404 young people attending 34 FE and sixth form colleges and sixth forms in schools (75% of respondents were 16-17 years old) (SHEU, 2007).

With regard to respondents' emotional well-being, one fifth reported that they had experienced emotional or psychological problems during the term the survey was conducted – with 2% of respondents having 'attempted suicide'. With regard to their physical well-being, 72% of respondents reported that they 'would like to take more exercise', 24% of respondents smoked (and 70% of these would like to give up smoking), and 69% of respondents wanted to eat 'more healthily' (SHEU, 2007).

The SHEU states that participation in the 'Further Education and 16+ surveys' might benefit colleges in a number of ways, such as providing information for a Healthy College programme; making comparisons between one's own and other FE colleges; examining the extent to which self-assessment findings compare to those from a survey; carrying forward work related to the Every Child Matters five outcomes; and involving students as key stakeholders in the college.[14]

Although an increasing number of FE colleges are being encouraged by SHEU to take part in the survey, due to the self-selected nature of colleges participating to date, findings can only be taken as indicative of the health needs, concerns and interests of younger students attending FE and sixth form colleges.

With regard to the mental health and emotional well-being of students in further education, a recent study has found there to be little published information in this field (Warwick et al, 2008. In higher education settings, it has been reported that students displayed 'increased symptoms of mental ill health when compared to age-matched controls' (RCP, 2003, p. 7). The same study found that university student counselling and health services reported a progressive increase in the number of students presenting to them, and counsellors believed that the mental health problems experienced by students were becoming more severe (RCP, 2003).

Drawing on case studies of work in five colleges of further education, Warwick et al (2008) identify a series of factors that appear to offer promise when promoting mental health and emotional well-being among young students (aged 16-19). These include: developing leadership and expertise in FE settings to promote and respond to student's mental health needs; addressing mental health and emotional well-being in a non-stigmatising way which forms part of a wider approach to building inclusion and support; and tailoring support and services to the identified needs of students.[15]

One study of equality and sexual orientation in FE noted that, of those lesbian, gay and bisexual students and staff interviewed (44 and 7 respectively), most raised concerns about the levels of homophobic bullying and harassment in FE settings. The report highlights that

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[14] See: http://www.sheu.org.uk/surveys/fe16plusurvey.htm Accessed 1st February, 2008.
[15] Cooke at al (2004) have reported on the relationship between student debt and student mental health (among university undergraduates). 'In all three [undergraduate] years' they report 'students with high financial concerns felt more 'tense, anxious or nervous', more 'criticised by other people' and found it 'more difficult getting to sleep or staying asleep' than students with low financial concerns (*ibid*, p.53).

FE colleges could do more not only to comply with, but also to go beyond the spirit of, recently introduced sexual equalities legislation (and, in doing so, to build on existing policies such as *Every Child Matters*) (Centre for Excellence in Leadership, 2006). [16]

Although there are few studies that focus specifically on the health-related needs of younger students attending colleges of further education, other sources of information may be relevant to the development of any healthy colleges programme.

One qualitative study in higher education in England, for example, reported on students' perceptions of health promotion campaigns in a university setting and what they might want from it (Dunne & Somerset, 2004). Twenty-four students in a University in the South West of England participated in four focus groups. Although it was not reported what they understood a health promotion campaign to be, students were said to be generally positive about the need for, and possible effects of, activities that aimed to promote student health and well-being. Three major themes regarding students' health needs were identified. First, respondents spoke about the demands of adjusting to life at university – such as finding and managing somewhere to live and coping with workloads, examinations and other academic-related pressures. Second, being at university may have an impact on other health-related practices – such as (excessive) use of alcohol, use of recreational drugs, depression, eating nutritious meals, and protecting one's sexual health. Finally, students identified the importance of accessible support services – such as primary and dental care as well as welfare and academic advice.

As this study was undertaken in a university setting (where many students may be living away from home for the first time), their health-related issues may differ somewhat from those of FE students who, for the most part, will live at home.

A qualitative study, conducted in Germany, enquired into the contribution of health discussion groups with students to health promotion on a university campus (Meier et al, 2006). A health discussion group – comprising of students, a representative of the university leadership and an accident insurance company – was convened to report to the University steering committee for health. The health discussion group met seven times and was moderated by a social worker trained in public health. Group members were provided with background information on health and well-being (on, for example, definitions of health) and the group was facilitated in a way that was said to allow members to identify their own health-related priorities.

The 11 health-related topics agreed by consensus 'either related to study conditions or to living and learning conditions at the campus' (*ibid*, p.31). These included issues which might not necessarily be seen as immediately health-related including planning and organising studies; the quality of work places and comfort of seats and chairs; and having places for retreat and relaxation. Issues related to the quality of canteen food and the quality and quantity of the University sports programme were low priority topics.

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[16] The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to discriminate in employment or training on grounds of sexual orientation. The Equality Act (Sexual Orientation) Regulations 2007 make it unlawful to discriminate in the provision of goods, facilities and services on grounds of sexual orientation. For further information see Stonewall (2007).

Although we were unable to identify any national UK surveys which focus on the health-related needs, interests and concerns of students in either further or higher education, relevant information could potentially be obtained from age equivalent surveys of school pupils, looking at health issues such as smoking, drinking and drug use and, more generally, health behaviours.[17] However, available studies are not very helpful in this respect.

Moreover, and as part of this review, we enquired into whether other data sources could yield relevant information.

The British Household Panel Survey, for example, while containing a section on young people, was reported not to have enough detailed information to differentiate those in FE from those in Higher Education (HE). Questions related to health were said to be unlikely to be detailed enough to provide useful answers to support work associated with the range of health issues likely to be addressed by a healthy college programme.

The Longitudinal Study of Young People in England contains data on 15,000 young people – all of whom were born between 1st September 1989 and 31st August 1990. Data available so far were collected in February 2004 (with the fourth wave of fieldwork conducted during 2007). Although some questions relevant to a healthy college programme were asked (regarding bullying, for example), there are no questions specific to health.

The Youth Cohort Study is a sequence of short-term longitudinal studies, dating back to the mid-1980s, of young people aged 16-19. However, almost no health-related data were collected as part of this work. The one item on health asks whether the respondent has 'poor health or a disability'.

The Health Survey for England is an annual survey begun in 1991. Detailed health data on people of all ages are collected. Although the sample size is about 13,000, subdividing into relevant age bands and into whether a young person is in FE or not in FE would almost certainly provide very small numbers. Moreover, type of education is not explicitly asked about, only whether the respondent is still in education.[18]

In the USA, however, some information about student health is available from the American College Health Association National College Health Assessment (ACHA-NCHA) – albeit regarding the health of students in higher education. As part of this assessment, twice-yearly reports are produced about student health habits, behaviours and perceptions.[19] The ACHA-NCHA provides data on students' health with regard to alcohol, tobacco, and other drug use; sexual health; weight, nutrition, and exercise; mental health; and personal safety and violence. The survey – one aim of which is to assist with the planning, monitoring and evaluation of health promotion and other health-related activities with students in higher

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[17] See: http://www.nfer.ac.uk/research-areas/pims-data/outlines/a-survey-of-smoking-drinking-an-drug-use-among-young-people-in-2005-2006-and-2007.cfm and http://www.hbsc.org/ Accessed 2nd February 2008.
[18] The question asked is: IF Age of Respondent is 16+ THEN: At what age did you finish your continuous full-time education at school or college? Not yet finished; Never went to school; 14 or under; 15; 16; 17; 18; 19 or over.
[19] See: http://www.acha-ncha.org/ Accessed 1st February 2008.

education – is said to be 'the most comprehensive data set on the health of college students' in higher education (ACHA-NCHA, 2007: 2). [20] The latest published findings report on data collected during Autumn 2006, involving 23,863 students from 34 institutions of higher education. The top five 'impediments to academic performance' are reported to be: stress; cold/flu/sore throat; sleep difficulties; concern for friend or family; and depression/anxiety disorders (the top four reported impediments have remained unchanged since 2000).[21]

What is known about current 'healthy college' provision to promote the health and well-being of students attending FE colleges in England?

A range of health-related work is currently taking place across FE colleges in England. Some of this is reportedly linked to whole-college approaches to improving health. Other work appears to involve more stand-alone activities (although that may be due to the way that the activities have been reported).

As noted earlier, the Kirklees Healthy College Standard is the most fully developed with regard to its structure and processes of implementation and is perhaps the most widely used among those developing healthy college approaches.

In 2005, for example, Drury and Doherty (2005) identified eight colleges taking part in the Kirklees Healthy College Standard Pilot (Blackburn College; Bolton Community College; Huddersfield New College; John Leggott College, Scunthorpe; MANCAT, Manchester; North Area College, Stockport; Stafford College; Wigan and Leigh College). These colleges were at various stages of implementing the Kirklees Healthy College Standard. The Healthy College Network (being set up through the Kirklees Healthy College Standard) has over 300 members, predominantly from FE colleges but also with representation from primary care trusts.[22]

More recently, a series of articles in a special FE edition of the journal *Education and Health* has noted that a number of other colleges are working with the Kirklees Healthy College Standard. These include Bradford College (Marshall, 2007) and Stoke on Trent College (Vincent, 2007). Stockport College is developing its own healthy college standard using the Kirklees Healthy College Standard as a framework and developing performance indicators linked to the *Every Child Matters* outcomes (Ahern, 2007).

At least three other colleges have been developing healthy college schemes attached to local Healthy School Programmes: Salford and Trafford Healthy College Pilot, Wigan and Leigh College (also part of the Kirklees Network), and the Somerset Healthy College

[20] In the USA, the term 'higher education' includes: state and private colleges or universities, community colleges, professional schools, institutes of technology and church run colleges or universities. Among other qualifications, they offer undergraduate and graduate programmes as well as professional and vocational training. See: http://www.path2usa.com/usainfo/education/higher_edu_usa.htm#6 Accessed 1st February 2008

[21] See: http://www.acha-ncha.org/pubs_rpts.html Accessed 1st February 2008

[22] Information about the numbers of members of the network from Kate Birch (Kirklees Healthy College Standard), 3rd March, 2008.

Programme (Drury & Doherty, 2005). At one college, Accrington and Rossendale, the decision to base the healthy college programme on the principles of the NHSP was taken for a number of reasons: to locate work within a health and education partnership (within the PCT), to carry out and use audits of health-related needs and existing activities and to establish links between the work of the healthy college programme and local and national policies and Public Service Agreement (PSA) targets.

Accrington and Rossendale College also conducts a health needs assessment of students. This includes use of the Schools Health Education Unit survey as well as an analysis of the postcodes from where students are drawn and information from the college's equality and diversity report. Information is used both to develop the programme and specific activities – such as those tied into tutorials – and for evaluation.[23]

Other colleges are developing a whole college approach to health that is not explicitly linked to local healthy schools programmes (Drury & Doherty, 2005). These colleges include Telford College, Furness College, and Stockton Riverside College, and Redcar and Cleveland College.[24]

Some colleges have reported health-related work focusing on particular topics and issues. These include:
- Drug use (York College; North Tyneside and Tynemouth College) (Drury & Doherty, 2005);
- Mental health and emotional well-being (Cornwall College Camborne (Russell & Phillips, 2004); Birch, 2007; Wigan and Leigh College[25]);[26]
- Sexual health (Huddersfield Technical College (Collins, 2007) (New College Nottingham, supported by an outreach worker),[27] New College Swindon (Storey, 2007), Ealing Hammersmith & West London College and the William Morris Academy (Drury & Doherty, 2005) and Lincoln College;[28]
- Or the promotion of a number of health issues, such as 'healthy lifestyles' (Drury & Doherty, 2005; Ghai, 2007).

Other initiatives are underway. A college health promotion strategy is being developed by Derwentside College in partnership with County Durham Primary Care Trust (McGarry et al,

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[23] Personal communication, Lisa Hartley, Accrington and Rossendale College. Email received 3rd March, 2008.

[24] Information from Patricia Oswald, Customer Relations Manager, Redcar and Cleveland College. Email received January 15th 2008

[25] Information from Jill Mumford, Support tutor - Mental health, The Inclusive Learning Team. Wigan Leigh College. Email received January 1st 2008.

[26] Louise Lyon, Clinical Director, Adolescent Dept., Tavistock & Portman NHS Foundation Trust contacted the study about work with students: "Our department offers out-patient mental health services to young people and their families in the 14 to 21 age range. We also offer a brief self –referral service to 16 to 30 year olds. We already provide some services in schools and having been making further links with colleges of FE and Universities recently although FE and university students have always made up a significant proportion of our patients." Email received January 9th 2008.

[27] Information from Judith Green, Outreach Coordinator Young people's Contraception and Sexual Health Services, Nottingham City Primary Care Trust. Email received November 6th 2007.

[28] Information from Barbra Plunkett, Head of Student Services, Lincoln College. Email received December 19th 2007.

2007); Stourbridge College is developing a peer education qualification for young people who are working on health-related issues in schools (Albutt, 2007).

At St Helen's College in the North West of England, a Specialist Nurse Practitioner for People with a Learning Disability has been seconded through the Five Boroughs Partnership (Halton, Knowsley, St Helens, Warrington and Wigan & Leigh) to work within the Supported Learning Department. The Nurse Practitioner's role is to support young people with learning disabilities to access and to complete further education at the College. Much of the work involves liaising with other professionals to assist and support young people with learning disabilities (such as providing advice and guidance to other tutors to ensure that they are aware and able to support students' needs). However, advice and guidance is also provided directly to students with learning disabilities so as to improve their physical, emotional, medical and mental health needs.[29]

Staff health and well-being has been a particular focus of work at the Grimsby Institute of Further and Higher Education and is of interest if healthy college work is to adopt a whole-setting approach. The Institute has over 1250 employees on 12 sites with over 600 staff delivering education and training. The strategic approach to staff health and well-being includes, a staff benefits package, a long-term absence strategy and a staff healthcare strategy.

The staff benefits package includes provision of in-house services as well as external retail and financial services to protect and promote the health of staff (such as advice, guidance and counselling, and BUPA and gym subsidies) as well as insurance and life assurance. The long-term absence strategy – in line with government policy on workplace health – involves the pro-active management of all sickness absence, the use of services and facilities to avoid absence and reduce periods of absence (such as reduced working hours and workload for a period of time, the use of BUPA for consultant appointments, and free physiotherapy on-site and at home when needed.

The Institute has reduced its levels of sickness absence from over 10,000 lost days in 2001 to around 4,500 in 2005/6 and has won, or been a runner up in, various categories of the National Business Awards (which are sponsored by the Department for Work and Pensions, the Department of Health, the Health and Safety Executive and Health, Work and WellBeing), including 'most effective healthcare strategy'.[30]

With regard to occupational health, Venables & Allender (2007) conclude that there is wide variation in levels of occupational health services across universities in the UK. They report that 'It is unclear if the occupational health provision in universities is proportional to their needs' (*ibid* p.162). We did not find a similar article reviewing occupational health services in the FE sector.

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[29] Information from Debbie Bird, Specialist Nurse Practitioner for People with a Learning Disability, St. Helens College.. Email received 20th December, 2007.
[30] Information from Peter Barnard, Registrar and Clerk to the Corporation, The Grimsby Institute. Written material received November 29th 2007.

Although not a healthy college programme, the *Health-Bytes* project has been piloted in a number of FE colleges. This 'promotes a variety of health messages to young people by displaying various messages on the desktop [PC] of the college, giving students "one click" access to positive lifestyle behaviour information through national, local and bespoke websites'.[31]

As well as providing 'interactive panels' on desktop PCs, *Health-Bytes,* provides the facilities for colleges to conduct online surveys of health issues. The *Health-Bytes* team has worked with around 50 FE institutions in England.[32]

What are seen to be successful and promising approaches to promoting health among younger students in further education (or comparable settings in other countries)?

Internationally, a number of studies have examined the effectiveness of approaches to promoting health in college settings. Most published studies have been undertaken outside Europe and/or relate to students attending higher rather than further education.

One key evaluation comes from China (Xiangyan et al, 2003). The findings of this study – which enquired into the implementation of a health-promoting university approach across six universities – were generally optimistic. Implementation was reported to have brought about changes to the policy, physical and social environment of the universities involved as well as the resources available for health promotion. Changes were reported in students' health knowledge and behaviour including reductions in smoking among students; reductions in eating 'oil-fried foods/fatty meat'; increases in self-reported good mental health; reductions in levels of physical activity. However, the evaluation design adopted – with no other settings used for comparison purposes – makes the findings open to challenge, in that the reported changes in health-related policies and practices could be as much due to other factors as to the effect of the health-promoting university approach.

There are many studies of student's health and well-being in colleges and universities – particularly in the USA – and a range of intervention evaluation studies have focused on students' health.[33, 34] Some of these studies focus on specific health issues – such as alcohol

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[31] Taken from the Health-Bytes Pilot Project Initiation Form.

[32] The model of learning underlying this approach is not outlined in the Pilot material. The approach provides information to young people through links to websites that can be chosen by the college following student responses to a health topic based survey. Information from William Jenkins, Partnerships Manager Health Bytes. Email received November 27th2007.

[33] Some articles, although not experimental or quasi-experimental evaluations of interventions, report on health-related activities that the authors believed demonstrate innovative or promising health promotion practice on campus settings. One of these, a University-wide Health Fair (at a University in the USA) was planned and implemented by students themselves (Gosline & Schank, 2003). To set up the Health Fair, students had to liaise with a range of University staff and departments. The Health Fair itself included: 'mini-assessment' areas for measurements of, among other things, height, weight, body mass index and blood pressure; information booths on a range of health topics (including sexual health, healthy eating and alternative therapies); and an exercise physiology station. The event – which provides an example of students being involved in the assessment, planning, implementation and evaluation of a health promotion activity – attracted 300 students and was generally evaluated positively by them.

use (Hansson et al, 2006; Graham et al, 2004; DeJong et al, 2006; Minto et al, 2002), use of tobacco (James, D.C.S. et al, 2005; Simmons & Brandon, 2007), mental health (Merrit et al, 2006; Bradley, 2000; Cooke et al, 2004), infectious diseases (Wong et al, 2005) and sexual health (Emmerson, 2007).

Other investigations have focused on multiple risk behaviours (such as physical activity and low fruit and vegetable intake, hazardous drinking and smoking) (Kypri & McAnnaly, 2005). Yet others address the health of particular groups (such as male students) (Rogers et al, 2000) or improving access for those who might traditionally be excluded from further and higher education (Flannery et al, 2000) – including those with learning disabilities (Wright, 2006).

A web-based intervention to address physical inactivity and low fruit and vegetable intake among students attending a university in the USA – which formed part of a wider study of 'multiple health risk behaviors' (Kypri & McAnnally, 2005: 761) – found that the provision of personalised feedback regarding health-related changes had a greater effect on 'compliance with guidelines for fruit and vegetable consumption and physical activity' relative to those who did not receive such feedback. Tailored and customised feedback which focused on students' experiences was an important element of a relatively successful smoking cessation intervention (although the intervention was reported to be effective only among female students).

Two studies reported, specifically, on the need to improve psychological and mental health support for students. The first outlined how three universities in the USA had, to a degree, brought about closer collaboration between support services for students with substance misuse and behavioural problems with primary care services and health promotion and prevention services (Manderscheid et al, 2007).[35] The second, a summary of literature on college students and mental illness (conducted in the USA), (Mobray et al, 2006), identified four key principles of service provision: first, early assessment and identification of mental illness; second, high-quality and tailored mental health services accessible to students; third, providing continuity of care; and fourth, the involvement of those who use services in their design, implementation, evaluation and management.

With regard to university students' mental health, Weare (2001), in an editorial, states that a number of factors should be taken into account when seeking to promote mental health in universities. These include establishing good interpersonal relationships; ensuring study and academic workloads are reasonable; holding clear expectations of students and staff; providing constructive feedback on performance; and recognising and rewarding good performance.

Two interventions focussing on alcohol use among young people have pointed to the importance of responding to students' perceptions of alcohol use – in particular, its

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[34] Another article, on the use of online health education on SARS to university students in Singapore, noted that health information about SARS could be disseminated widely if students were required to take a compulsory module on this topic.
[35] *Guidelines for a College Health Program* (ACHA, 1999) also notes that health promotion and prevention services should form one element of a coordinated higher education health programme.

perceived prevalence among other students (rates of drinking were often perceived to be higher than they actually were) (Graham et al, 2004; DeJong et al 2006).

Although not constituting a comprehensive review of all studies of health promotion programmes in further and higher education, the evaluations outlined above reveal that those planning and carrying out health promotion activities in higher, and presumably further, education settings should base their work on an assessment of students' health-related interests, concerns, needs and resources. Moreover, interventions and programmes which appeared to show the greatest success, tended to be those that were customised or tailored to student's own circumstances and needs – whether as individuals or as a group (such as young men).

These findings are similar to those from other studies which have focused on promoting health among young people. In a recent synthesis of good quality systematic reviews on a number of health-related topics, programmes that sought to promote mental health in schools (and which included the prevention of violence and aggression) were most effective when of long duration and high intensity and which involved the whole school (Stewart-Brown, 2006). With regard to promoting healthy eating and physical activity, multi-factorial interventions, particularly those involving changes to the school environment, were also found to be effective. However, programmes that focused on promoting the prevention of substance abuse found that these programmes were relatively ineffective. Programmes focused on preventing suicide were generally found to reduce suicide potential, depression, stress and anger (although some less rigorous studies included in the review suggested that some suicide prevention programmes may have a potentially harmful effect for young men) (Stewart-Brown, 2006)

An overview of the barriers to, and facilitators of, the health of young people drew together messages from systematic reviews of evidence on young people's views and evaluations of interventions in mental health, physical activity and healthy eating (Shepherd et al, 2002). It noted that 'young people's views should be the starting point for any future developments of efforts to promote health' (p.13). Moreover, gender differences in the effectiveness of activities were noted. The overview pointed to the importance of familial and parental influences on health– a finding also noted in a systematic review of the correlates of obesity-related dietary behaviours (van der Horst et al, 2006). Family members and parents may influence students in further education a number of whom may be less likely than students in higher education to be living away from home.

One approach to promoting health in college and university settings and which has potential relevance to the development of healthy college work in the UK is the Healthy Campus 2010 programme in the USA. *Healthy Campus 2010: Making it Happen* (ACHA, 2006) is a companion document to *Healthy People 2010*, a national strategy in the USA to increase quality and years of life and to eliminate health disparities.

Healthy People 2010, a ten-year strategy for health, was developed through a 'broad consultation process built on the best scientific and designed to measure programs over

time' (ACHA, 2006: 5).[36] A series of objectives is proposed with the aim that they are to be '... used by many different people, states, communities, professional organizations, and groups to improve health (ACHA, 2006: 5) and, in particular, are to be used in higher education '...for the promotion of physical, emotional, social and environmental well-being of students, faculty and staff in campus settings. (ACHA, 2006: 11).

The *Healthy Campus 2010* initiative arose out of earlier school-based programmes (ACHA, 2006). Professionals working in higher education health and student services recognised, among other things, that universities and colleges were educators and health-care providers to around 15 million students of all ages, were major employers with occupational health responsibilities, and that higher education settings could provide supportive environments for health-related change. Building on an earlier *Healthy Campus 2000* document, *Healthy Campus 2010* also arose from a review of the relevance to student populations and higher education of *Healthy People 2010*.

The *Healthy Campus approach 2010* advocates that there be:

- An institutional commitment to health promotion – and a recognition that, as campuses represent multicultural communities, the selection of objectives and strategies must be diverse, creative and flexible
- A campus-wide commitment to collaboration for health – with a need for health professionals to create and be involved in new networks of care and support with many campus leaders, faculty and staff
- Multidisciplinary networks – with the incorporation of those with expertise that includes, but is not limited to, human development, health assessment, counselling, exercise, nutrition, self-care, coping skills, conflict resolution, and management of chronic illness and disabilities.
- Promotion of, and support for, personal involvement in health – with a recognition that individual health, community well-being and academic accomplishment are all mutually reinforcing components of a healthy campus.

To link national health objectives to a college programmes, it is recommended that four key steps are taken:

- Identify the demographic profile of the campus
- Assess future changes in the campus environment
- Create new networks of multidisciplinary collaboration
- Make a commitment to Healthy Campus 2010 at all levels

To initiate and carry forward work on a campus, five key steps are outlined:

- Generate campus interest and involvement
- Review national health objectives to provide direction for developing campus health objectives

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[36] See: http://www.healthypeople.gov/ Accessed 10 March 2008.

- Assess what campus programs, policies, services, facilities, and information exist or are needed
- Set new campus health goals and objectives and develop or strengthen interventions
- Evaluate periodically

It is recommended that representatives from different sectors of campus are brought together – as a Task Force, a Working Committee or a Steering Group – in order to create and work to a blueprint for the work which draws on the national strategy (*Healthy People 2010).*

The document notes that 'new conditions and challenges' (ACHA, 2006) lie ahead in addressing health – a number of which appear similar to those facing further and higher education in the UK. These include: relative declines in 'traditional' college students compared to increases in 'non-traditional' students, such as those with children, those from minority ethnic backgrounds, international students, and those in particular need of financial and other assistance.

An emphasis in the American College Health Association's work has been on building 'culturally competent' college health programmes (Hoban & Ward, 2003). In the early 1990s, the ACHA produced guidance on health programming in college and university settings for 'students of color' (ACHA, 1991). More recent notions of cultural competency address issues relating to ethnicity, gender and sexuality (Hoban and Ward, 2003) and also focus on HIV prevention. Hoban and Ward (2003) recommend, among other things, that colleges address the recruitment and professional development of staff, build relationships with local community groups and solicit and build on student feedback.

The ACHA has also produced a set of 'Standards of Practice for Health Promotion in Higher Education' (ACHA, 2005a). The six standards address:

1. The integration of health promotion into the learning mission of higher education – through such activities as the development of health-related programmes and policies that support student learning and the incorporation of health promotion initiatives into academic research, courses and programmes
2. The collaboration of professionals and establishment of community partnerships – through such activities as advocating for a shared vision that health promotion is a shared responsibility among all campus and community members, the utilisation of campus and community resources to maximise the effectiveness of health promotion initiatives, and advocating for the institutionalisation of health promotion through inclusion in campus strategic planning
3. Demonstrating cultural competence – through such activities as identifying the social, cultural and economic disparities that influence the health of students, designing health promotion initiatives that reflect the social, cultural, political and economic diversity of students, and providing leadership for campus-wide understanding of the connection between culture, identity, social justice and student health status
4. Theory-based practice – through such activities as reviewing health promotion research from inter-disciplinary sources as a guide for the development of health

promotion initiatives, and articulating the theoretical frameworks used in health promotion decision-making to the campus community

5. Evidence-based practice – through such activities as conducting population-based assessments of health status, needs and assets of students, developing measurable goals and objectives for health promotion initiatives, evaluating health promotion initiatives and reporting evaluation findings to students, faculty, staff and campus community

6. Continuing professional development and service – through such activities as participating regularly in formal professional development, and assisting others to strengthen their health promotion practice (ACHA, 2005a).[37]

Summary

There is increasing interest in, and increasing activity related to, the development of healthy colleges in the further education sector in England. In part, this has been stimulated by the National Healthy School Programme – although interest in developing health promoting colleges (and health promoting universities) predates the National Healthy School Standard (on which the NHSP is based).

Given the commitments of the Children's Plan and other policies, strategies and guidance, the further education sector is likely to find itself providing education and training on an increasingly wide range of subjects to students from increasingly diverse backgrounds. Recent government policy has sought to improve the quality of provision in general and has highlighted the role that colleges have in protecting and promoting health and well-being in particular – a role that will be reported on through inspection.

A number of different theories, principles and ideas currently underpin healthy college work. These include: theories and principles of health promotion, theories of organisational development and management, and insights derived from the characteristics of effective and improving schools.

We know little about the health-related needs, concerns and interests of students attending further education in England – although there is one example of health surveys of knowledge, attitudes and behaviours in use. Existing surveys and sources of data (such as the Longitudinal Study of Young People in England) are unlikely to yield much information of direct use to the development of healthy colleges. This contrasts with the USA, where a twice-yearly survey is conducted on the health knowledge, attitudes and behaviours of students in higher education at least.

Two qualitative studies of students' health-related needs (one conducted in England and one other in Germany) suggest that the health issues of most importance to them are not

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[37] A set of 'Tools for professional and Program development' have been developed based on the standards of practice for health promotion in higher education (ACHA 2005b). The toolbook, *Vision into Action*, consists of two sections: the first on professional development, the second on programme development.

necessarily those identified in commonly used health topic areas. For example, students tend to foreground issues which hinder or impede their learning – such as managing the transition to university or college, progression through university or college, managing student life (such as workload, socialising, housing and finances), rather than on health issues which may affect them in their later years.

Taken together, current reports of health-related work in FE colleges suggest that much useful work is underway – or at least being planned. In some colleges, staff are leading on the development of whole-college approaches to improving health. In others, work appears to be more focused on particular health topics. However, it is not possible to identify from existing reports what factors lead to successful, or at least promising, approaches to improving the health and well-being of students and staff.

While it is not possible to state with certainty that multi-component, whole-settings approaches are more successful in college and university settings than one-off activities, the evidence points in this direction. Current strategies for improving the health of students in higher education in the USA is based on an institution-wide approach to health protection and promotion and has close links to a national health strategy. The principle of grounding health-related programmes, and the activities associated with them, on the identified needs of young people (taking account of diversity among them), appears central to much promising and successful work.

Drawing on the findings of this study, there are a number of possible implications for the development of healthy college programmes in England. These include

- Capitalising on current policies, guidance and inspection requirements
- Using theory to guide the structure of a national programme
- Identifying stakeholders and assessing their needs and resources
- Developing a whole-settings approach to healthy colleges
- Building in, and learning from, evaluation.

In conclusion

Colleges of further education are potentially useful sites within which the health of young people can be protected and promoted. A few healthy college programmes are in place or under development in England – and there appears to be great interest among those working in and with the FE sector to address the health of young people.

However, the evidence gathered for this report suggests that there are a number of areas to consider in the development of healthy college programmes and approaches – not least, the challenge of responding to and complementing the role that the FE sector plays in contributing to a successful, globalised, knowledge- and skills-based economy.

Moreover, colleges are settings not only for young people but also for adults. Identifying and responding to their needs, interests and concerns (as well as to those of employers) is likely to be key in the development of a successful healthy college programme. At the national level, guidance could usefully be provided to enable the

development, implementation and evaluation of learner-focused health-related programmes and activities. Tying programmes to existing college priorities – such as self-assessment processes – could allow the development and establishment of dynamic healthy colleges.

Given the increasing interest in the health and well-being of young people and adults it appears timely to consider the development of a national healthy college programme. While this will require new professional alliances and new ways of engaging college staff and learners in health-related programmes and activities – there is much good work on which to build.

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