The college environment provides an ideal opportunity to reach many of the young people who are central to cross-government initiatives. However, the college sector has the highest number of students from socio-economically challenged backgrounds and struggles with all the issues that this entails. Escolme et. al. (2002) say that this is an ‘appropriate time’ for the development of the Healthy College, claiming it is ‘the key way forward’. NIACE also recommends that demonstration projects should be developed in FE to pilot a standard based on the National Healthy School programme. The Department of Health have voiced their support for local initiatives in the Public Health White Paper ‘Choosing Health, Making Healthy Choices Easier’. The audit carried out by the Healthy Settings Development Unit has established that such work has been taking place in many colleges for a number of years at a local level and the concept of a Healthy College has begun to be developed. This is most certainly demonstrated by the success of the Kirklees Healthy College Standard and the Healthy College Network chaired by Dr Kate Birch.

Pat Ahern
Stockport College: Development of a Healthy College Standard

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of Huddersfield New College. However, funding is piecemeal and unfortunately, a national programme has yet to be established.

Importantly, changes have taken place to the OFSTED inspection framework that have been driven by ‘Every Child Matters’ (ECM) agenda. The Association of Colleges have pointed out that, whilst many colleges have been providing such care and support for their students, they have not been required to provide evidence for this. In future inspections, ECM will play a major part and it is felt that this will go some way to ensuring that all colleges have health on their agenda.

But, what is the perception of the students who attend college regarding health education? This must surely be the starting point for any analysis into a co-ordinated approach.

Research Study

A study was undertaken to explore the views and opinions of students towards the health education they received at school and their perceived needs at college. The study was supported by: Stockport Drugs Action Team, the PHSE/Citizenship Service of Stockport's Children and Young People's Directorate, Stockport PCT, Stockport College, Aquinas College, Cheadle & Marple Sixth Form College and North Area College (now Stockport College, Heaton Moor Campus).

A multi-method qualitative approach was employed to acquire the data, using questionnaires to obtain views from 417 students from the four colleges and focus groups at one college to provide more in-depth data. Informal interviews of relevant professionals and attendance at the Healthy College Network provided a wealth of information about the development of a Healthy College Standard.

Key Findings

Health education in schools

Students had a varied experience of health education taught at schools. Overall, only 34% stated that the health education in secondary schools built on what was taught at primary school. 35% said they had enjoyed health education but 33% said they had not. However, 53% said they think they had learnt something and 35% conceded to having learnt 'a little'.

There was also mixed response and some negative experiences in the focus group: “In secondary school we just had loads of worksheets to fill in and no-one listened to the teacher. It was just a session to mess around.”

“Yeah, I remember that as well. The teacher wasn't interested either, he just used to sit marking and give us loads of sheets that we'd done before.”

However, these students are now 16 and 17 years of age, having started primary school around 1991/2 and secondary school in 1997/8 and much work has been done since the launch of the NHS S in 1999 and the introduction of new core criteria based on ECM which could mean there will now be a real push to ensure that all schools ‘sign up’ to this concept.

Students’ views on their need for health education in college.

Students' response to what part health education can play in their development was positive, as all options were well supported. But 'giving knowledge', 'caring for other people', 'a clear understanding of your own development' and 'understanding cultural values' were all cited most as the first three choices. A combined total of over 80% stated that they would like more information on certain topics. 'Sex education' and 'Substance misuse' are the most requested but students appeared to want to choose for themselves: “We should get to choose what we want to learn about in health education.”

“There are still things I want to find out about at college, but I don't want to be told the same thing I was told at school.”

45% stated that they would like ‘Set sessions with occasional speakers’, 29% stated ‘Set sessions’ and 26% requested ‘One
Most popular methods of learning are 'Games', 'Role Play', 'Guest Speakers', 'Quizzes' and 'Discussion Groups', were the most chosen in the top three most enjoyable methods. The largest response was 58% who requested 'Drop in facilities' with a specialist worker to be set up in college (College B was most in favour with 78%).

This was also highlighted in the focus group:

"I think we should have someone who isn't part of the college to give us information on sex and things, like at Central Youth."

"I think that would be good, if it was in college people wouldn't be as nervous to go."

'Financial Advice', 'Contraception/sexual advice', 'Services available for young people were 43%, 42%, 42% respectively and 'Substance Misuse was 29%. Financial advice was also a topic which seemed to have significance to the focus group:

"I would like to learn more about money and how to manage 'cos I am going to live on my own next year."

Surprisingly, 73% stated that they are non-smokers. Yet, the Stockport Lifestyle Survey (2003) claims that of the 2,190 10-24 year olds surveyed, more than half of the young people quizzed said they had smoked at some point. This could mean that, although young people try smoking, by the time they reach college age they may have stopped.

According to the questionnaire, slightly more than half (51%) of the 27% who smoke are interested in quitting and 69% of these are interested in 'A stop smoking clinic available at college', 47% would like 'Information about smoking and quitting available at college' and 39% want 'Details of the local smoking services displayed in college."

The focus group highlighted this as a need: "It would be good to get help to give up smoking." So, perhaps the college setting is appropriate to give young people the opportunity and support to stop.

**Conclusion**

Overall, the research indicates that the students perceive that there is a need for providing health education and services for young people. It has also been established that the need is perhaps greater in FE because of inequalities experienced by many of the young people who attend FE settings.

What is needed is government backing for the local initiatives that are springing up across the country. As more colleges are becoming involved, without a national, government backed programme, local initiatives will develop their own standards and, if or when, a national programme is developed, it will prove more difficult for everyone to standardise than if a national programme were to be started now.

The way forward

As a result of this work with local partnerships, the Stockport Healthy College Standard has been developed and is being implemented in the colleges across the borough as a cohesive force which will enable local colleges to share good practice.

The results of this study have informed the development of the Stockport Healthy College Standard by highlighting the following:

~ Student participation is vital when determining the needs of students with regard to health education and support and should inform the development of a healthy college.

~ The Healthy College Network has provided a forum for sharing practice and enabling colleges and health professionals to link together and it is hoped that the government will provide support to enable the network to continue.

In a wider sense, it is felt that recommendations can be made for further research into the feasibility of a National Healthy College Standard, and the issue of funding a National Healthy College Standard.