



Please cite the Published Version

Dooris, Mark, Farrier, Alan, Powell, Susan  and Holt, Maxine  (2019) Whole system approaches to health in higher education. *Health Education*, 119 (4). pp. 246-258. ISSN 0965-4283

DOI: <https://doi.org/10.1108/he-02-2019-0010>

Publisher: Emerald

Version: Accepted Version

Downloaded from: <https://e-space.mmu.ac.uk/623143/>

Additional Information: This is an Author Accepted Manuscript of a paper accepted for publication in *Health Education*, published by and copyright Emerald.

Enquiries:

If you have questions about this document, contact openresearch@mmu.ac.uk. Please include the URL of the record in e-space. If you believe that your, or a third party's rights have been compromised through this document please see our Take Down policy (available from <https://www.mmu.ac.uk/library/using-the-library/policies-and-guidelines>)

TITLE

Whole system approaches to health in higher education: an evaluation of the UK Healthy Universities Network

AUTHORS

Mark Dooris, University of Central Lancashire

Alan Farrier, University of Central Lancashire

Susan Powell, Manchester Metropolitan University

Maxine Holt, Manchester Metropolitan University

Abstract

Purpose - This paper reports on an evaluation of the UK Healthy Universities Network, which: explored engagement of Network members; identified what members value about the Network; examined facilitators and barriers to engagement; and informed the Network's future development.

Design/methodology/approach - The study was a two phase mixed-method study, with participants being staff from Higher Education institutions. Phase 1 involved a documentary review and an online 14-question survey (n=32). Phase 2 comprised follow-up semi-structured interviews and focus groups, conducted using Skype (n=11). These were audio recorded and transcripts were thematically analysed in a two-stage process.

Findings – A number of key themes emerged from the thematic analysis: value of network meetings and events; popularity of the Network website; increased communication and collaboration; sense of leadership offered by the Network; Interest and inclusion of an international perspective; importance of institutional support.

Research limitations/implications – Only six Universities who are involved in the network took part in Phase 2. Although a range of organisations were chosen purposively, it is possible that additional key issues at other universities were excluded.

Originality/value – The UK Healthy Universities Network is valued by its membership, particularly its biannual meetings, online presence, leadership, ethos and communication methods. Key barriers include capacity of staff to attend meetings and contribute to the Network, influenced by a lack of institutional commitment and prioritisation. Findings from the evaluation have informed a 'refresh' of the Network's website and a revision of its membership structure, as well as guiding its positioning to achieve greater strategic influence.

Keywords: Healthy Universities, networks, whole system approaches, wellbeing.

Introduction

This paper reports on an evaluative research study aimed at understanding how member universities engage with and use the UK Healthy Universities Network (UKHUN). As the Health Promoting Universities movement grows globally (Suarez-Reyes, Serrano and Van den Broucke, 2018), it offers valuable insights for decision-making at national and international levels.

Universities occupy an increasingly important place in society. Globally, the proportion of adults entering higher education rose from 18% in 1999 to 32% in 2012 – and it is estimated that by 2030, there will be 414 million university students, an increase of more than 300% since 2000 (Calderon, 2012). There remains a lack of consensus concerning the purpose of higher education, with critics questioning a perceived utilitarian shift towards the ‘production’ of employable graduates who will contribute to economic growth (Schwarz, 2003). However, higher education is also widely understood to be a key contributor to cultural, economic and social development, as an endogenous capacity-builder and as a promoter of human rights, sustainable development, democracy, peace and justice (UNESCO, 2011).

It is within this broad context that Healthy Universities is navigating its place. Born out of the health promoting settings movement, Healthy Universities has its roots in the Ottawa Charter, which asserted that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (World Health Organisation, 1986). Informed by socio-ecological, salutogenic and systems theory and embracing an holistic change focus (Dooris, Wills and Newton 2014; Dooris, 2013; Dooris and Doherty, 2010), the Healthy Universities approach seeks to secure impacts relevant to both health promotion and core business agendas (Dooris, Doherty, Cawood and Powell, 2012). As the Okanagan Charter for Health Promoting Universities and Colleges made clear, Healthy Universities are concerned to “transform the health and sustainability of our current and future societies, strengthen communities and contribute to the wellbeing of people, places and the planet...[and] infuse health into everyday operations, business practices and academic mandates [and]...enhance the success of our institutions.” (Okanagan Charter, 2015:2).

In the UK, with over 160 higher education providers, 2.34 million students from increasingly diverse backgrounds and more than 427,000 staff (Higher Education Statistics Agency, 2019), higher education offers enormous potential for promoting health and wellbeing. The UKHUN grew out of the English Network, established in 2006 in response to higher education institutions (HEIs) wanting to pursue a strategic whole university approach (Dooris et al., 2018). The Network is free to join and now has a core membership comprising diverse stakeholders from 76 UK universities (including individuals from academic health promotion and public health, and university services such as student services, human resources and sports), along with representatives from 23 non-UK universities and 28 other stakeholder organisations (e.g. students’ unions, local authorities and non-governmental bodies). It aims to facilitate peer support, share information and guidance, advocate for Healthy Universities and encourage research and development. As part of a global movement, it seeks to create health-enhancing cultures and environments, enable people to achieve their potential, and contribute to community, societal and ecological wellbeing. The Network produces biannual e-newsletters and holds meetings twice a year at locations across the UK, which enable members to discuss

current issues, support one another and inform national developments. The Network website (UK Healthy Universities Network, 2017) provides information and guidance, including a toolkit comprising guidance packages, case studies and a self-review tool. Additionally, the Network office facilitates communication between members by collating and cascading information requests and news items.

According to Alter and Hage (1993:46), networks “constitute the basic social form that permits interorganisational interaction of exchange, concerted action, and joint production.” Defined by the World Health Organization (1998:16) as “groupings of individuals, organisations and agencies organised on a non-hierarchical basis around common issues or concerns,” they have emerged strongly as a favoured model in part due to growing interest in systems thinking and whole system perspectives (Attwood et al, 2003). They are understood to have a strong focus on non-hierarchical, co-operative and supportive relationships based on mutuality and trust (Broeskamp-Stone, 2004), and have proved an important mechanism for supporting the development and implementation of health promotion in and through a range of settings such as schools, cities and hospitals (Stock, Milz and Meier, 2010). Alongside the UK Network, health promoting universities networks have been established in a growing number of countries and regions, including Republic of Ireland, Germany, Spain, Canada, Australia, New Zealand and Ibero-America.

Aims and Objectives

The study that forms the focus for this paper aimed to understand how member universities engage with and use the UKHUN. Specifically, its objectives were to:

- explore and map types and levels of engagement among Network members
- identify what features, services and opportunities members value about the Network, and why
- examine facilitators and barriers to effective engagement with and participation in the Network
- generate learning that can inform the future development and functioning of the Network.

Methods

The research comprised two Phases. Phase 1 utilised documentary/desk-based research and an online questionnaire. Phase 2 consisted of focus group interviews. Documentary analysis can enable conceptualisation of social action and interaction (Potter and Wetherell, 1995) of a network. Phase 1 involved reviewing notes of meetings and newsletters and using Google Analytics to explore website traffic. Online questionnaires were appropriate, as the UKHUN is spread over a wide geographical area and online questionnaires lower the cost of a survey considerably (Llieva, Baron and Healey, 2002), without adversely affecting response rates (Yun and Trumbo, 2006). Administered using Survey Monkey, this was informed by earlier research on health promotion networks (Broeskamp-Stone, 2004; Stock et al., 2010) and comprised 14 questions designed to explore participants' engagement with, perceptions of and aspirations for the UKHUN. An email invitation to participate in the study, followed by two reminders, was circulated to 217 individuals from the 119 organisations that were members of the Network at the time of data collection. The questionnaire included a range of types of question. Multiple choice and closed

questions were used to gather general information and were analysed and presented using simple descriptive statistics (Shore, 2014). Examples of these were:

- How long have you been a member of the Network [Less than 1 year; 1-3 years; 3-5 years; more than 5 years]?
- How regularly do you attend Network meetings [Twice a Year; Once a Year; Occasionally; Never]?
- How active a member would you say you are [active and involved; active but often unable to attend meetings; interested, but not very active; less active than I used to be; passive]?

Complementing these, open questions were structured so that participants could give up to five qualitative responses on topics that the research team wanted to explore in greater detail – regarding engagement, Network strengths and areas for development. Examples were:

- Please list up to five factors that have served as enablers to your engagement with and involvement in the Network.
- Please list up to five factors that have served as barriers to your engagement with and involvement in the Network.
- Looking to the future, which particular aspects of the Network would you like to see retained, strengthened or changed? Please also indicate briefly why.

For Phase 2, six focus groups were held with teams from UKHUN member universities from the UK and Republic of Ireland. These were selected from HEIs that had, on completion of the Phase 1 questionnaire, consented to take part in a Phase 2 research. The sample was chosen to ensure a good geographical spread, as well as a mixture of institution types (including Russell Group and Post-92 Universities) and level of experience (institutions with a well-established Healthy University initiative and those that were comparatively new to the Network). Semi-structured focus groups were conducted via Skype and audio recorded to explore both Network engagement and institutional practice. Examples of questions were:

- What do you think are the most important aspects/characteristics of a Healthy University?
- What are the main factors that have helped you develop and implement the Healthy University approach at your institution?
- What are the main factors that have hindered you in developing and implementing the Healthy University approach at your institution?

Recordings were transcribed verbatim and resulting data were analysed thematically – with one member of the research team undertaking coding and identifying key emerging themes, and a second researcher reviewing and refining these (Braun and Clarke, 2006).

Ethical approval was obtained from committees at the relevant universities. Key issues were ensuring secure storage of confidential data (using password-protected and/or encrypted folders); and gaining informed consent for anonymised data to be used in the research process and subsequent report and publications.

Results

A total of 32 individuals (a response rate (RR) of 15%) from 23 member organisations (RR 19%) responded to the Phase 1 questionnaire. Of these, 17 were UK HEIs (RR 21%) – 14 from England (RR 23%), 1 from Scotland (RR 13%), 1 from Wales (RR 20%) and 1 from Northern Ireland (RR 50%); 4 were non-UK HEIs (RR 27%) and 2 were other stakeholder bodies (8%). Eleven individuals from six Universities took part in the Phase 2 interviews and focus groups.

Acknowledging the large variation in practice between organisations, questionnaire respondents could choose to ‘skip’ questions that were not relevant to them, or they did not wish or felt unable to answer. In terms of profile, of those responding to the relevant questions:

- 37% were in an academic department, 19% in Students Services, 13% in Human Resources, 13% in Sports, 6% in Directorate or Strategic Planning and 12% elsewhere
- 32% had been Network members for more than 5 years, 6% for 3-5 years, 39% for 1-3 years and 23% for less than 1 year
- 29% attended meetings twice a year, 16% once a year, 23% occasionally and 32% never
- 26% defined themselves as being ‘active and involved’ in the Network, 16% as ‘active but often not able to attend meetings’, 35% ‘interested but not very active’, ‘3% ‘less active than I used to be’, 6% ‘passive’ and 13% ‘other’.

A number of key themes emerged from the Phase 1 and Phase 2 data, relating to Network meetings; the website; communication and collaboration; leadership; the international dimension; and support from own organisation. These are presented below and illustrated in Figure 1.

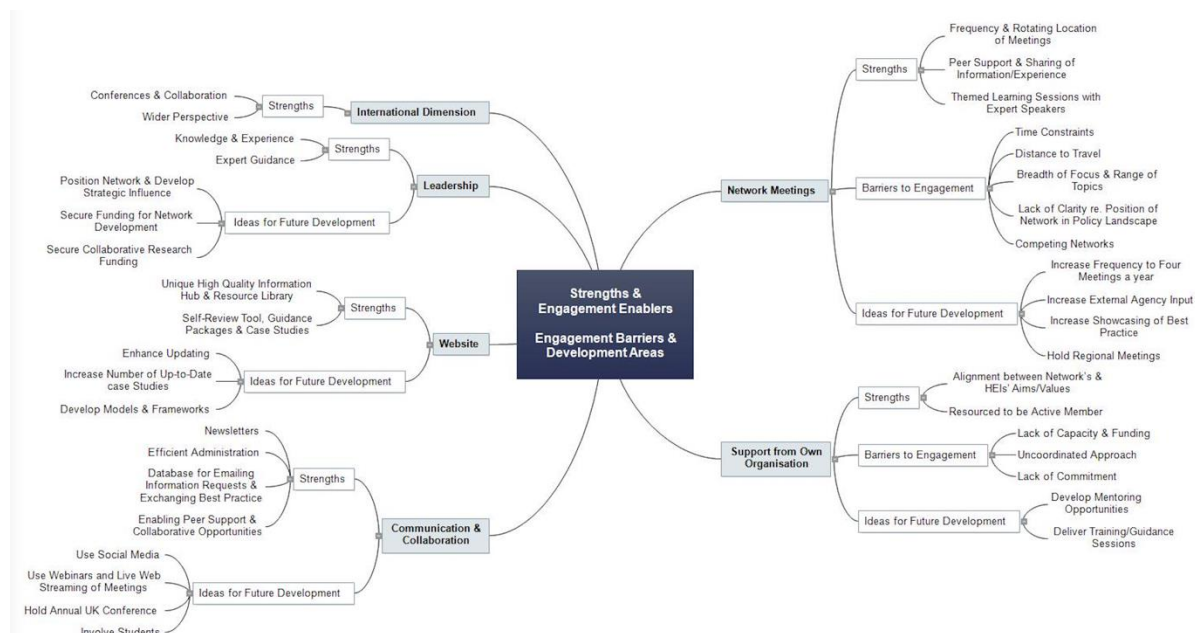


Figure 1: Findings – Key Themes

Value of network meetings and events

77% of current UKHUN members have participated in at least one biannual face-to-face meeting (57% having attended 1-5 meetings, 13% having attended 6-15 meetings and 7% having attended more than 15 meetings). Of those responding to

the questionnaire, 76% valued or greatly valued these meetings, with many identifying them as an enabler to engagement and key strength to be retained. The format of meetings was highlighted, with respondents appreciating the balance between networking and themed learning sessions. The former was seen to offer opportunities for peer-to-peer sharing, learning and support, whilst the latter was praised for focusing on topical issues from expert speakers:

The last network meeting...was about partnerships...I actually did a presentation there about what initiatives we're doing...around partnership working with the wider health organisations in the city, which quite a few people in the network were interested in. (University #1)

Additionally, it was evident that respondents valued the interactive workshops and constructive debate, which offered opportunities to discuss key issues in smaller groups, thereby ensuring that every member gets an opportunity to speak:

Reflecting on the Network's breadth of membership, a few people suggested a stronger focus on transferable best practice and some reported that the content of meetings was not always applicable to their institution:

The topics and structure that were so different in Scotland, so that actually some of the methods by which we discussed at the meetings weren't really relevant to us. (University #2)

Members valued provision of national and international updates. Lack of time due to competing demands was cited by as a key factor inhibiting involvement in biannual meetings, although a few people suggested that holding four a year would increase networking opportunities. Whilst the rotating location of meetings was viewed positively, a number of respondents mentioned distance to meetings as a further barrier:

[The next UKHUN meeting:] It's not far this time. So I don't have to travel very far, so that's always nice. (University #3)

Some suggested that regional meetings would be a positive development. An annual Network conference was identified as an important further development opportunity, potentially enabling further networking, opening up opportunities for universities to showcase their work and strengthening links to public health, higher education and other relevant agencies.

Popularity of the Network website

The open-access UKHUN website (<https://healthyuniversities.ac.uk/>) was launched in 2010. Analysis revealed that, since then, website traffic has increased over time, totalling 43,240 users from 170 countries.

Of questionnaire respondents, 96% had actively used the website with many of these highlighting it as both a strength and enabler to engagement with the Network. The website was appreciated for offering a 'one-stop-shop' information hub and portal with high quality resources. The online Toolkit was also viewed as a valuable asset and had been used by 84% of respondents – who emphasised the value of guidance packages and case studies and commented on how they have used the Self-Review Tool to engage stakeholders and senior management and advocate for Healthy Universities within their own organisations.

I guess that's our kind of knowledge of the Healthy Universities in the UK...just using the website and looking at the toolkits and all those things as

well...we have looked at it for...other [staff] who want to take on a HPU kind of initiative. (University #4)

It was noteworthy that in the month following each biannual meeting, website traffic showed an increase compared to the annual average of between 5% and 41%, with a mean increase of 24%.

Alongside positive feedback, a number felt that there was room for improvement in terms of better updating. Linked to this, it was suggested that the Network could usefully develop further resources to help member institutions progress as a Healthy University – examples being more case studies and the provision of models and frameworks able to help in measuring and disseminating impact.

Increased communication and collaboration

In addition to meetings and the website, many respondents identified other forms of communication as important in enabling engagement with the UKHUN. A number highlighted the open, welcoming and co-operative nature of the Network, mentioning in particular the availability of an ‘information exchange’ service, whereby members can arrange for an email to be disseminated asking for information or examples of best practice on a particular topic:

I think when I started, that was...[what]...I turned to the whole time, just engaging in ideas of what people have done by issuing emails and saying “can anyone help with this?” (University #2)

Facilitated by an efficient Network administrator, this was seen as highly valuable in enabling an open and collaborative style of working and problem-solving – retaining the Network’s distinctive focus on peer-to-peer learning in between meetings. This co-operative ethos, whereby members are encouraged to exchange ideas and to learn from experience rather than ‘reinvent the wheel’, was explicitly identified by a number of respondents as a key strength:

[Prior to joining the UK Healthy Universities Network] there was no mapping across, there was no collaboration. There was no kind of peer learning...we were trying to link people, but they were kind of going in their silos away from each other and I suppose, linking people, we’re always better as a group than we are as individuals. (University #4)

Additionally, 84% of respondents found the biannual Network newsletters valuable or very valuable in communicating general updates and sharing practice – although desk-based research suggests that less than a quarter of HEIs that are currently Network members have contributed material. Looking to the future, the development of mentoring opportunities – perhaps through a ‘buddying’ system – was proposed as a potential area for Network development, particularly valuable for those starting out on their journey towards being a Healthy University. Members also highlighted the value of harnessing relevant technologies to enhance communication and make the UKHUN more accessible to its membership – through social media, live-streaming of Network meetings, webinars, chatrooms and online debates.

Sense of leadership offered by the Network

A number of respondents cited the leadership qualities and strong knowledge base of the Network’s co-chairs/co-ordinators as a particular strength, commenting on their accessibility and willingness to offer support and guidance:

[The UK Healthy Universities Network] is kind of like the glue that keeps it all

together really...if it hadn't been for my...continually pushing for us to follow that ethos, then I don't think we would have been...where we are now really (University #3).

Several ideas were also proposed for how this leadership could be directed to strengthen the Network's future development and influence. Firstly, respondents felt that a stronger focus on identifying and brokering research opportunities could help build an evidence base that would assist member institutions in arguing their business case for Healthy Universities. Secondly, they reflected on the Network's potential to advocate for and facilitate change, suggesting that it should seek to strengthen its profile and position itself strategically to achieve greater policy and media influence at a national level. Thirdly, they suggested that the membership structure should be clarified, particularly with regard to engagement of organisations from outside of higher education and their role within the Network.

Interest and inclusion of an international perspective

Although the Network is focused on the UK, its membership structure enables universities from other countries to join as associate members. A number of respondents saw this international inclusivity as a strength, facilitating a breadth of perspective and peer learning between countries, as well as promoting their institutions to a global audience:

For us, as well as the impact that [being a Healthy University] will have on staff and students, it's also about corporate social responsibility, how we're viewed externally, in Wales, the UK and internationally as well. (University #5)

As well as highlighting the value of attending international conferences, some members suggested that more could be done to strengthen global networking for Healthy Universities and that the Network could usefully explore how international exchanges could be facilitated.

Importance of institutional support

As well as highlighting various Network features and services as enabling factors, respondents highlighted the significance of support received from within their own university. The type and level of support varied: whilst some emphasised the importance of immediate colleagues and line managers valuing Healthy Universities and enabling their active participation in the Network, others reflected on buy-in from their Vice-Chancellor and senior executive team and the importance of having strategic alignment between the aims and values of the Network and their own institution:

There's something about a high-level vision...and clear aims and objectives. But there's also...something about buy-in from different partners within the University, and them understanding about the aims and objectives. (University #6)

Conversely, others cited lack of capacity as a barrier to involvement in the Network – relating this to a lack of organisational commitment to Healthy Universities and/or the prioritization of health and wellbeing.

We're always really interested to have [senior management] on our steering groups. We're always really interested to have them on any of our working groups. We think they carry an awful lot of weight, it's a real hindrance we

don't have them. So without them it's harder to make progress. It's harder for us to embed across. (University #4)

This results in a lack of capacity for staff involved in the Network meaning that, as well as making it difficult to attend meetings, there was often no time to get actively involved or to contribute case studies or ideas.

Discussion

This study sought to understand how member universities engage with and use the UKHUN, and specifically to examine facilitators and barriers to participation; identify perceived benefits of membership and understand the value attributed to different features and services; and elicit views regarding the potential future development and functioning of the Network. The desk-based research together with an analysis of 32 completed questionnaires and six focus groups highlighted a range of features that Network members valued, several of which were comparable to those noted in studies of other health promotion networks (Broesskamp-Stone, 2004) – for example, meetings, learning events, co-ordination team-led communication – whilst others such as web-based resources reflected the rapid rise of digital and online communication over the past 15 years.

Supported by strong leadership from its Co-Chairs and offering peer-to-peer support, input from experts and the opportunity for constructive debate, the UKHUN's biannual meetings were understood to be a key strength and an important enabler to member engagement. Whilst some respondents were concerned that the themed content of meetings was not always relevant to them, there was a general acceptance that this was inevitable within a network comprising a rich diversity of stakeholders. However, there was a clear tension between individuals' desire to attend face-to-face meetings and their capacity to do so due to constraints arising from workload, competing demands and lack of financial support. Although the Network consciously rotates the geographical location of meetings to facilitate participation, distance to meetings was evidently a barrier to attendance, with some members suggesting that meetings should be live-streamed or recorded, and others proposing an annual conference, an increase in the number of national meetings and the introduction of regional meetings. The interactive nature of meetings and associated costs have mitigated against enabling remote access, although presentations at some meetings have been filmed and made available on the UKHUN website. Resource constraints do not currently allow for an annual conference or additional national meetings to be organised, but the UKHUN's co-chairs have to date worked with members in Scotland to facilitate the development of a Scottish 'sub-network' and attended meetings in Wales and Northern Ireland to help strengthen developments within the context of the wider UK networking. Additionally, members from universities in North East England have begun to meet together twice a year to share good practice.

In the light of data pointing to constraints limiting members' participation in face-to-face meetings, findings relating to the value placed on other forms of communication were particularly salient. The Network's biannual newsletters were highlighted as a strength and, the facility for individuals to email other members requesting information or best practice examples was praised as a means of actively enabling peer-to-peer support and avoiding 'reinventing the wheel'. These developments illustrate how so-called 'hard' networking (using forms of electronic communication)

should support and enable, not replace, 'soft' networking (concerned with fostering co-operative and reciprocal relationships) (Hastings, 1993). Significantly, they were understood to reflect the Network's collaborative ethos, a characteristic seen by many as distinctive within the context of a sector imbued with a culture of increasing competitiveness (Temple, Callender, Grove and Kersh, 2014). Mirroring findings from an earlier evaluation of the German Network of Health Promoting Universities (Stock et al., 2010), this focus on mutuality, trust and 'horizontal' relationships has been identified as a key feature of successful networks (Broesskamp-Stone, 2004), which are seen to "redraw...the boundaries between professional groups, levels of a hierarchy, decision-makers and the people affected" (Grossman and Scala, 1993:72)

Additionally, the UKHUN website was viewed as unique, and as an important strength and enabler to engagement. All aspects have been well-utilised, with the online Toolkit (including the Self-Review Tool) being particularly valued in engaging internal stakeholders and arguing the case for a whole university approach within their own institutions (Dooris et al., 2018). Whilst widely praised, respondents felt that there was room for improvement. As a result of these findings, the website has been redeveloped: re-launched in 2017, the site has been restructured to ensure that it reflects the current and potential future needs of Network members (UK Healthy Universities Network, 2017). There were, perhaps inevitably, limitations as to what was possible within resource constraints, given that the Network operates on a minimal budget with no membership fees. Specifically, it has not yet been possible to extend the UKHUN's presence to social media or introduce features such as chatrooms and discussion boards. An analysis of traffic revealed how levels of member engagement increased in the month following each biannual meeting. It also demonstrated how the website's reach has extended far beyond the UK, reflecting growing interest in Healthy Universities worldwide (Okanagan Charter, 2015) and highlighting a lack of supportive infrastructures in many countries – perhaps indicative of the fact that, unlike parallel programmes such as Health Promoting Schools, Health Promoting Hospitals and Healthy Cities, Healthy Universities has received limited endorsement and leadership from the World Health Organization (Dooris and Doherty, 2010). The conscious location of the UKHUN within this international context – evidenced through its restructured website, newsletters and meetings – was perceived by members to be a further strength.

It is a reflection of the value placed on the Network by members that only 9% of respondents defined themselves as 'less active than they used to be' or 'passive'. Those finding it difficult to engage – not only through attending meetings but also through contributing case studies, newsletter items and other tangible inputs – understood their lack of capacity to reflect a lack of commitment to Healthy Universities within their own institutions. In this respect, respondents not only highlighted how much they valued current services and tools in facilitating stakeholder engagement and advocacy, but also suggested ideas for how the Network could develop and strengthen its 'offer': these included building the evidence base for investing in the Healthy Universities whole system approach and producing related resources; improving its national profile and positioning itself strategically to achieve greater policy influence; and revisiting and clarifying its membership structure and relationships.

Whilst building the evidence base is of central importance, it remains challenging to evaluate complex whole system programmes in an effective way (Dooris, 2006) and

funding to conduct a comprehensive evaluative research has, as yet, proved elusive. Similarly, financial constraints have made it infeasible to update existing guidance packages or produce further resource materials. With regard to greater policy influence, the Co-Chairs have worked with the UKHUN's Steering Group to identify opportunities to enhance the Network's strategic 'clout'. The Network has been represented on Universities UK's Mental Health in Higher Education Working Group, contributing to the production of the *#stepchange* Framework (Universities UK, 2017), underpinned by a whole university approach and aimed at supporting university leaders to help embed good mental health for students and staff across all university activities. The Co-Chairs have also received funding from the Leadership Foundation for Higher Education to undertake a small-scale research project exploring strategic leadership opportunities with university Vice Chancellors and co-ordinators and members of national networks in the UK and other countries. In relation to the Network's membership, this has been reviewed and restructured such that all members are now required to confirm their support for the vision and principles of the Okanagan Charter (2015) and to identify an individual as 'lead' contact. In addition, in response to a desire for the Network to facilitate strengthened strategic commitment within institutions, member universities are now invited to secure senior executive commitment from their Vice Chancellor or representative, and those institutions evidencing this are listed on the Network's website. Whilst its Steering Group has previously identified 'mentoring' and 'buddying' approaches as a potentially valuable means of enhancing membership relationships and peer support, developments in this area have to date been thwarted by a lack of resources.

The study inevitably had some methodological limitations. Firstly, the desk-based analysis was limited by the lack of robust data relating to membership and engagement over time. Secondly, the online questionnaire had a relatively low response rate and it is possible that there was response bias due to members with more positive attitudes and perceptions being more likely to complete the survey. Thirdly, if resources had allowed, it would have been useful to undertake further in-depth qualitative research and explore how levels and types of engagement with the Network were related to implementation of whole university approaches within member institutions.

Conclusion

As places of learning, major employers, and centres for research, innovation and knowledge exchange, HEIs have the potential to impact positively on the health and wellbeing of students, staff and the wider community. Moving the focus beyond disconnected interventions within campus settings, the Okanagan Charter (2015) encourages a whole university approach, whereby institutions engage in organisational change to ensure that health, wellbeing and sustainability are embedded in strategies, environments, cultures and everyday activities, whilst also reaching outwards to transform societies. As part of a growing global movement of HEIs seeking to put this approach into action, the UKHUN seeks to facilitate peer support among its members, share information and guidance, advocate for Healthy Universities and encourage research and development.

This study revealed that the UKHUN is highly valued by its membership, with particular strengths and enablers to engagement including its biannual meetings, its strong online presence, its leadership and its open and collaborative ethos and

communication methods. Key barriers to engagement included capacity in terms of time and cost of attending meetings and contributing in other ways, influenced by a lack of institutional commitment and competing priorities. A number of suggestions for future development were also proposed: some of these, such as improving the website, positioning the UKHUN to achieve greater strategic influence and reviewing the membership structure have been effectively responded to. However, others, such as increasing the use of social media/interactive technologies, building a persuasive evidence base, producing further resource materials and developing a 'buddying' scheme remain outstanding due to resource constraints. This reflects the fact that the Network is sustained only through the commitment of and minimal funding provided by its two host universities: it would, in a similar way to other networks, benefit from a supportive policy environment linked to the provision of external funding (Ovseiko, O'Sullivan, Powell, Davies and Buchan, 2014). If additional funding was acquired, a follow-up survey could be conducted to explore the impact of the resources available on the Network website to determine if the improvements have been effective and which interventions Network members are able to implement in their host organisations.

As with other networks, UKHUN is challenging to evaluate, due to its complex, dynamic, relational and non-hierarchical nature. Nonetheless, this study has generated important learning that can usefully inform future directions and decision-making – not only for the UKHUN, but also for similar networks in Universities and higher learning institutions across the globe.

Acknowledgements: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

Alter, C. and Hage, J. (1993) *Organizations Working Together*. Newberry Park, California: Sage.

Attwood, M., Pedler, M., Pritchard, S. and Wilkinson, D. (2003). *Leading Change: A Guide to Whole System Working*. Bristol: The Policy Press.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2): 77-101.

Broesskamp-Stone, U. (2004) *Assessing networks for health promotion: framework and examples*. Münster: LIT Verlag.

Calderon, A. (2012) Massification continues to transform higher education. *University World News*, 2012; 237.

<http://www.universityworldnews.com/article.php?story=20120831155341147>
<accessed 10 January 2019>.

Dooris, M. (2006) Healthy settings: challenges to generating evidence of effectiveness. *Health Promotion International*, 21(1): 55–65.

Dooris, M. (2013) Expert voices for change: bridging the silos-towards healthy and sustainable settings for the 21st century. *Health & Place*, 2013 (Mar) 20:38-50.

Dooris, M. and Doherty, S. (2010) Healthy universities: Current activity and future directions – findings and reflections from a national-level qualitative research study. *Global Health Promotion*, 17(3): 6-16.

Dooris, M., Doherty, S., Cawood, J. and Powell, S. (2012) The healthy universities approach: Adding value to the higher education sector. In: Scriven, A. and Hodgins, M. (Eds.) *Health promotion settings: Principles and practice*. London: Sage.

Dooris, M., Farrier, A., Doherty, S., Holt, M., Monk, R. and Powell, S. (2018) Healthy universities self-review tool: Whole system impact. *Health Promotion International*, 32(3): 448-457.

Dooris, M., Wills, J. and Newton, J. (2014) Theorising Healthy Settings: a critical discussion with reference to Healthy Universities. *Scandinavian Journal of Public Health*, 42 (Suppl 15): 7–16.

Grossman, R. and Scala, K. (1993) Health promotion and organizational development: developing settings for health. European Health Promotion Series No. 2. Copenhagen: WHO/Vienna: IFF.

Hastings, C. (1993) The new organization: Growing the culture of organizational networking. London: McGraw-Hill.

Higher Education Statistics Agency (2019) Data and analysis.
<https://www.hesa.ac.uk> <accessed 26 February 2019>.

Llieva, J., Baron, S., and Healey, N. M. (2002) Online surveys in marketing research: Pros and cons. *International Journal of Market Research*, 44 (3): 361–367.

Okanagan Charter (2015) Okanagan Charter: An International Charter for Health Promoting Universities and Colleges. Kelowna, British Columbia, Canada.
<http://internationalhealthycampuses2015.sites.olt.ubc.ca/files/2016/01/Okanagan-Charter-January13v2.pdf> <accessed 10 January 2019>.

Ovseiko, P., O'Sullivan, C., Powell, S., Davies, S. and Buchan, A. (2014) Implementation of collaborative governance in cross sector innovation and education networks: evidence from the National Health Service England. *BMC Health Service Research*, 14(Suppl 2): 91.

Potter J. and Wetherell, M. (1995) Discourse analysis. In Smith J. A., Harré R., Van Langenhove L. (Eds.), *Rethinking methods in psychology*. London: Sage: 80-92.

Schwarz, S. (2003) The higher purpose. Times Higher Education; 16 May, 2003.
<https://www.timeshighereducation.com/comment/columnists/the-higher-purpose/176727.article#> <accessed 10 January 2019>.

Shore, H. (2014) Descriptive Statistics. Wiley StatsRef: Statistics Reference Online.

Stock, C., Milz, S. and Meier, S. (2010) Network evaluation: Principles, structures and outcomes of the German working group of health promoting universities. *Global Health Promotion*, 17(1): 25-32.

Suárez-Reyes, M., Serrano, M. and Van den Broucke, S. (2018) How do universities implement the Health Promoting University concept?, *Health Promotion International*, day055, <https://doi.org/10.1093/heapro/day055> <accessed 10 January 2019>.

Temple, P., Callender, C., Grove, L. and Kersh, N. (2014) Managing the student experience in a shifting higher education landscape. York: Higher Education Academy.

UK Healthy Universities Network (2017) Website.
<http://www.healthyuniversities.ac.uk> <accessed 10 January 2019>.

UNESCO (2011) Higher education: Mission and strategy. Paris: UNESCO.
<https://wayback.archive-it.org/10611/20170510231257/http://www.unesco.org/new/en/education/themes/strengthening-education-systems/higher-education/mission/> <accessed 10 January 2019>.

Universities UK (2017) #Step Change: Mental Health in Higher Education. London: Universities UK. <http://www.universitiesuk.ac.uk/stepchange> <accessed 10 January 2019>.

World Health Organization (1986) Ottawa Charter for Health Promotion. Geneva: WHO.

World Health Organization (1998) Health Promotion Glossary. WHO/HPR/HEP/98.1. Geneva: WHO.

Yun, G. W., & Trumbo, C. W. (2000) Comparative response to a survey executed by post, email, and web form. *Journal of Computer-Mediated Communication*, 6(1).