

A Health Needs Assessment Of Learners'

**Report for
Clydebank College
July 2008**

Presented by:

**Julie Dowds
Of Create Consultancy**



TABLE OF CONTENTS

| | |
|--|-----------|
| TABLE OF CONTENTS | 2 |
| 1.0 INTRODUCTION | 3 |
| 1.1 AIMS AND OBJECTIVES | 3 |
| 1.2 REPORT LAYOUT | 3 |
| 1.3 HEALTH PROMOTING COLLEGES | 4 |
| 1.4 HEALTH NEEDS IN WEST DUNBARTONSHIRE | 6 |
| 2.0 RESEARCH METHODS | 9 |
| 2.1 SURVEY OF LEARNERS | 9 |
| 2.2 PROFESSIONAL INTERVIEWS..... | 9 |
| 2.3 LEARNER FOCUS GROUPS | 10 |
| 2.4 ANALYSIS | 12 |
| 4.0 FINDINGS | 15 |
| 3.1 SURVEY PROFILE | 15 |
| 3.2 GENERAL HEALTH & WELLBEING | 17 |
| 3.3 ILLNESS AND DISABILITY | 22 |
| 3.4 REASONS FOR MISSING COLLEGE | 24 |
| 3.5 CARING RESPONSIBILITIES | 26 |
| 3.6 DISCRIMINATION | 28 |
| 3.7 INFORMATION, SERVICES & BARRIERS | 29 |
| 3.8 SUGGESTIONS FOR IMPROVEMENT | 39 |
| 4.0 DISCUSSION & RECOMMENDATIONS | 43 |
| 4.1 COMPARISONS WITH WEST DUNBARTONSHIRE STUDY | 43 |
| 4.2 GENDER DIFFERENCES | 43 |
| 4.3 DISCUSSION OF HEALTH ISSUES..... | 44 |
| 4.4 ENVIRONMENT & SOCIAL CONNECTIONS | 45 |
| 4.5 INFORMATION ON SERVICES AND HEALTH INFORMATION | 46 |
| 4.6 EQUALITY GROUPS | 47 |
| 5.0 REFERENCES | 48 |

1.0 INTRODUCTION

1.1 AIMS AND OBJECTIVES

This research aims to investigate the health and wellbeing needs of learners at Clydebank College. This includes the following objectives:

- To explore the felt and expressed health needs of the learners at Clydebank College.
- To explore how the college currently promote health and how this could be improved.
- To explore the barriers that learners face to making positive choices in regard to their health.
- To explore learners' experiences of supportive factors that enables them to make positive changes to their lifestyle.

This study was commissioned by Clydebank College in recognition of the role further education establishments can play in improving Scotland's health outcomes by developing effective evidence based interventions for the learning population.

The impact that further education colleges can have on the health needs of learners has received increasing attention in recent years. The role they can play in supporting learners to make healthy lifestyle choices which in turn will enhance attendance and educational achievement, has been a particular focus.

1.2 REPORT LAYOUT

Chapter 2 contextualises this study by reporting the key findings from national studies and previous research that has taken place within West Dunbartonshire.

Chapter 3: Methodology

This outlines the different methodologies used in this study and the limitations of the study.

Chapter 4: Findings

This outlines the findings generated from the survey in addition to the views and opinions put forward by staff, external agencies and learners in the focus groups and interviews. The chapter is subdivided into the following themes:

- Survey Profile
- General Health & Wellbeing
- Illness and Disability
- Reasons for Missing College
- Caring Responsibilities
- Discrimination
- Information, Services & Barriers
- Suggested Improvements/Support

When reporting on the survey, findings for the total sample and gender are presented as percentages. Where findings are given for age the results are presented as a total number due to the small numbers within each age bracket included in the

analysis. *As the number of cases within individual age brackets are under 100 all findings should be treated cautiously.*

Chapter 5: Discussion & Recommendations

To minimise bias chapter 4 is presented free of all discussion and commentary thus this chapter outlines the findings and places them into the context of wider studies carried out in West Dunbartonshire. It also outlines key recommendations for taking forward the health and wellbeing of learners within Clydebank College.

1.3 HEALTH PROMOTING COLLEGES

Background research and current guidelines for health education in further education colleges is lacking in Scotland but some relevant work has been done in England (Doherty & Dorris, 2006). The National Institution of Adult Continuing Education have published two relevant reports, one looking at the concept of the “Health Promoting College” for 16-19 year old learners (James, 2003) and the other reviewing challenges and opportunities for further education colleges in promoting health and well-being (Escolme, James and Aylward, 2002). Both reports look at the concept of Health Promoting Schools and whether it is appropriate to develop a similar concept within further education colleges.

The Health Promoting College report (James, 2003) looks at the broad range of factors that need to be in place to enable an establishment to become health promoting. One model of health promoting colleges, explored in the report, identifies the key factors as:

- The appointment of co-ordinators (with sufficient time and status);
- Support from senior management (to enable decision making, secure funding and increase credibility of work);
- Cross-college support (whole college initiatives to impact on as many people as possible);
- Receiving external support (both from other colleges and professional health promotion services);
- Setting realistic targets (to create a sense of achievement);
- Getting health on the agenda (support from all levels increases impact).

The Healthy Colleges report (Escolme, James & Aylward, 2002) adapted the aims of the National Healthy Schools Standard (NHSS) to fit within the Further Education setting. The adapted aims are:

- To help raise learner achievement
- To help reduce health inequalities
- To help reduce social exclusion
- To promote lifelong learning
- To widen participation and diversity.

In working through the areas of the National Healthy Schools Standard (NHSS) model it is noted that many of the areas are not easily applied to the setting of further education, e.g. curriculum planning. The core discussion of health in the curriculum in further education is in relation to health and safety in vocational studies or within social care courses. As there is no generic curriculum within the FE setting, health and well-being as a topic is mainly addressed through the student welfare system. This includes supports such as counselling services, health clinics and health promotion campaigns. While it is acknowledged that colleges tackle student health and well-being in a range of ways it is recommended that different approaches should be pulled together to give a more comprehensive response to addressing student health and well-being.

Other areas of the NHSS which are central to addressing health and well-being in Further Education Settings are teaching and learning and culture and environment. With regards to teaching and learning, the main focus is on the role of the tutor and on the role they play in ensuring that student health and well-being is effectively addressed. It is recommended that opportunities are made for learners and staff to meet and discuss health issues. With regards to the culture and environment in the college it is acknowledged that colleges provide a range of sources of health information for learners but it is recommended that there needs to be more information, with a higher profile and aimed at all learners, not just the younger full-time student audience.

Huddersfield New College and Kirklees Healthy Schools Team have further adapted the National Healthy Schools Standard to produce the Kirklees Healthy College Standard (www.khcs.org.uk). The criteria for the standard are:

1. Whole College Awareness
2. Active Citizens
3. Smoke-free Environment
4. Environment in and around College
5. Healthy Eating
6. Community Involvement
7. Student Well-being
8. Active Lifestyle
9. Staff Well-being.

These standards are now central to the work of the Healthy College Network in England.

Additional work has been carried out in the college setting in relation to specific health topics (Alcohol Concern, 2004 & Polymerou, 2007). Alcohol Concern and Polymerou both explore the issue of drug education in the further education setting. The Alcohol Concern report provides some suggestions as to how to provide drug education in this setting when there is very limited or no curriculum time. Suggestions of opportunities for drug education include:

- Access to information and advice, e.g. displays, information points, electronic information and advice and information in college diaries.
- Debates and quizzes
- Health Fairs/Health weeks or events
- Advice drop-ins
- Counselling service

Although this report is specific to drug education it is clear that the above suggestions are useful ways to provide information on a range of health topics. This was found to be the case in recent research into current teaching on Hepatitis C in Scottish educational establishments, including FE colleges (Create Consultancy, 2007). This research found that the colleges involved used all or some of the suggestions outlined above. It also emerged that the colleges were aware of the need to identify and support vulnerable learners, provide information in an innovative and engaging way and harness their potential to work with all learners in ways that could encourage them to make positive health and lifestyle choices.

1.4 HEALTH NEEDS IN WEST DUNBARTONSHIRE

It is recognised that Clydebank College caters for a wide range of learners in relation to age, gender, ethnicity, geography and socio-economic status (see appendix A for a breakdown of college demographics). Although many learners travel from areas out-with West Dunbartonshire the college demographics informs us that 52% of current learners live in the West Dunbartonshire area. In recent years a number of studies have been conducted into the health behaviours of young people and adults in West Dunbartonshire. The following information provides a summary of these studies and helps to place into context the health and wellbeing study of learners.

Residents of West Dunbartonshire face many health inequalities associated with high levels of deprivation as the second most deprived of thirty-two councils in Scotland in terms of income and the third in terms of employment (West Dunbartonshire CHP Development Plan 07/08 – 09/10). In 2005, a substantial Health and Wellbeing study was published outlining key public health statistics for the adult population in Greater Glasgow and Clyde NHS Board and the West Dunbartonshire Council area (NHSGG, 2005). This work provides valuable information on self-reported lifestyle behaviours of local residents relating to alcohol intake, smoking rates, participation in exercise and fruit and vegetable intake. It also provided information on the mental health and wellbeing of residents, social connectedness and use of health services. Key statistics include:

- 64.4% perceived their health to be excellent or good
- 69% rated their general physical wellbeing positively
- 75% rated their general mental or emotional wellbeing positively.
- 39.8% were current smokers
- 24.8% were exceeding weekly alcohol limits
- 36% were achieving recommended exercise levels for adults¹
- 23.3% were achieving daily fruit and vegetable consumption of 5 or more.

¹ Current recommendations are for adults to accumulate at least 30 minutes of moderate activity on most days and children (under 16) accumulating at least one hour of moderate activity on most days. (Let's Make Scotland More Active: A Strategy for Physical Activity)

- 26% had a long standing illness or condition that interferes with day to day activities.

The majority of the above headline issues were closely aligned with deprivation; with those in the most deprived communities faring worse.

In 2007, the Community Health Partnership commissioned a health needs assessment of S1 to S4 pupils attending school in West Dunbartonshire (NHSGGC, 2006). The results of which add to the research findings for adults. This provided similar self-reported behaviours as the adult study and expanded on findings from other studies such as SALSUS, which provides information on drug and alcohol use among young people (SALSUS 2006). Key issues from the pupil survey included:

- 78.3% of pupils reported feeling happy or somewhat happy about themselves in the past year.
- 75.2% of pupils reported feeling happy or somewhat happy about their health in the past year.
- 10.7% of pupils identified themselves as current smokers; rates of smoking increased with age.
- 35.5% of pupils had never drunk alcohol while 20.2% reported drinking once or twice per year. 17.6% of pupils reported drinking once a week or more; the likelihood of pupils drinking alcohol increased with age.
- Drug use across all ages was low with cannabis the most common drug used.
- 31.4% were achieving the daily fruit and vegetable consumption of 5 or more.
- 46.6% were taking part in vigorous activity at least 4 times per week for 30 minutes however, females engaged less, particularly as they got older.
- 23.4% of pupils reported having a long-term illness or disability and almost half of these felt that it limited what they could do. Asthma was the long-term illness most commonly reported.

Based on the findings of these studies and national health targets West Dunbartonshire Community Health Partnership indicated their priority areas of work as (Development Plan 07/08 – 09/10):

- Tobacco control
- Obesity (increasing physical activity and improving nutrition)
- Tackling alcohol misuse
- Increasing breastfeeding
- Reducing preventable repeat admissions to hospital

The West Dunbartonshire Community Plan (2007 – 2017) develops many of the CHP priority topics and outlines key health targets for West Dunbartonshire over the next 10 years as:

- To reduce maternal smoking and increase breast-feeding rates
- To reduce the number of five-year-olds with missing, decaying or filled teeth
- To reduce the number of obese children
- To reduce levels of smoking and problematic alcohol and drug use
- To reduce levels of sexually-transmitted infections
- To reduce mental ill-health and increase positive mental well-being
- To improve older people's (65+) quality of life
- To reduce health inequalities by targeting those with poorest health

The Community Plan highlights that a holistic approach to tackling health inequalities is vital to meet these targets and improve the well-being of people living in West Dunbartonshire.

2.0 RESEARCH METHODS

The objectives for this study required a range of methods that combine qualitative research with quantitative analysis. These included:

- survey of learners
- professional Interviews, including staff and external agencies
- focus groups with learners

2.1 SURVEY OF LEARNERS

A survey was developed to provide a baseline of learners' health needs that would help to inform the qualitative research. It was agreed by the steering group that the survey would not investigate the specific health behaviours of learners but would explore the following general headings:

- General Health and Wellbeing
- Health Information and Advice
- Services & Barriers
- Demographic Information

The final survey was developed to take no more than 10 minutes to complete online. Appendix B provides a copy of the survey.

It was initially expected that the survey would be promoted to learners via e-mail. However, this proved problematic as there is not currently a universal e-mail system for learners. Therefore the survey was promoted through flyers distributed in communal areas and through lecturing staff. An incentive to win one of four i-pods was used to encourage learners to complete the survey on-line.

A slow uptake of the on-line survey indicated that paper copies of the survey would be required. Therefore, paper copies were provided to lecturing staff for distribution. Specific groups of learners were targeted to try and ensure that the survey respondents broadly matched the college demographics. This included learners based in the Dumbarton Campus, attending evening classes & the Princes Trust Programme. Learners with additional support needs were assisted to complete the survey via the Student Study Base team. Over 3 months a total of 301 questionnaires were completed.

2.2 PROFESSIONAL INTERVIEWS

2.2.1 Staff interviews

10 interviews were conducted with college staff to explore their views on the health and wellbeing needs of learners and suggestions for future ways the college can effectively support learners to make positive health and lifestyle choices. The staff interview schedule is included as Appendix C.

We sought to access a representative, purposive rather than random sample by approaching the three Curriculum Managers and asking that they nominate three staff members to take part. The criteria for taking part were that staff members have regular contact with learners and can comment on their health issues. Although

three staff members from each curriculum centre did not take part a representative sample was achieved.

In total 9 staff interviews and one group interview was carried out. A breakdown of staff who participated in the interviews is outlined in table A.

The majority of interviews were conducted over the telephone and were arranged at a time that suited the staff member. Each interview lasted an average of 10 minutes and all participants were fully informed on the process and sent an interview schedule in advance.

| Table A: Staff Breakdown | | | |
|---------------------------------|--------------------------------------|---|---------------|
| Interview type | Curriculum Centre/Department | Position | Gender |
| Group Interview | Student Study Base | - Manager - Advisor - Administrator | 3 x Female |
| Telephone interview | Marketing | Manager | Female |
| Telephone interview | Prince's Trust | Support Worker | Female |
| Telephone interview | Student Advice Zone | Student Advisor | Female |
| Telephone interview | Centre for Education, Care & Leisure | Curriculum Leader | Male |
| Telephone interview | Centre for Education, Care & Leisure | Lecturer | Female |
| Telephone interview | Centre for Education, Care & Leisure | Lecturer | Female |
| Telephone interview | Centre for Enterprise | Curriculum Leader | Female |
| Telephone interview | Centre for Media & Technology | Lecturer | Male |
| Telephone Interview | Centre for Media & Technology | Lecturer | Male |

2.2.2 Stakeholder Interview

Interviews with external stakeholders were conducted to explore their views of the health and wellbeing issues of learners, how they currently work with and engage learners, how links between the college and external agencies can be strengthened and suggestions on what the college can do to help support learners to make healthier lifestyle choices. Interviews with other representatives of agencies were sought but did not take place to due staff illness/absence. In total one stakeholder from each of the following agencies took part in a telephone interview:

- West Dunbartonshire Community Health Partnership
- Women's Aid
- Alternatives Drug and Alcohol Project

2.3 LEARNER FOCUS GROUPS

The purpose of the focus groups was to gather more detailed information on the priority health needs of learners and explore issues relating to barriers to making

positive health choices and the supportive factors that help them to make such choices. The focus group protocol is included as Appendix D, however key areas of interest included:

- Initial impressions/views towards the key health issues identified via the on-line survey.
- Barriers they face to make positive health and lifestyle choices.
- Factors that currently support them to make positive health and lifestyle choices.
- Views on what would encourage them in the future to make positive health and lifestyle choices and the role college could have to support them to do this.

Recruitment to the focus groups was carried out by targeting classes that were largely representative of learners in relation to age & gender. It was also important for the focus groups to take into account wider aspects of the equalities agenda, namely deprivation, ethnicity and disability.

All learners were provided with information on the purpose of the focus group, its duration and what it would involve and were asked to actively consent to taking part by signing a consent form. The consent form also asked permission for the focus groups to be recorded with participants assured about confidentiality, their right to anonymity in the final report and data protection procedures.

To maximise participation in the focus groups each participant was paid a standard incentive of £15 which was distributed at the end of the focus group.

In total 10 focus groups took place with 80 learners. All participants were familiar with other group members either as friends or acquaintances in their class. Table B provides a breakdown of each group and highlights the key selection criteria.

| Table B: Breakdown of Focus Groups | | | | |
|---|----------------------------------|--------------------------------|---|---------------------------------------|
| | Gender | Age | Ethnicity | Selection Criteria |
| Group 1 | 4 x male 5 x female | Under 25 | International learners | International Learners |
| Group 2 | 1 x male 5 x female | Under 20 | White Scottish | Young female |
| Group 3 | 3 x male 5 x female | Mature learners | White Scottish | p/t – Dumbarton Campus |
| Group 4 | 4 x male 1 x female | Under 25 | White Scottish | Princes Trust |
| Group 5 | 5 x female | Under 25 | International learners | Female only – international learners. |
| Group 6 | 7 x male 1 x female | Under 25 | White Scottish | Young male |
| Group 7 | 9 x male | Under 25 | 8 x White Scottish 1 x Chinese Scottish | Block release |
| Group 8 | 2 x male 9 x females | Mixed age range | White Scottish | Access course |
| Group 9 | 5 x females | Under 25 | White Scottish | Young female |
| Group 10 | 6 x males 3 x females | Mixed age range (25 – 60 plus) | White Scottish | Additional Support needs |
| Total: 80 participants | 41 x male 39 x female | | | |

2.4 ANALYSIS

The data generated through this study falls into two main categories – quantitative data & opinion-based qualitative data. The analysis of these categories required different approaches.

2.4.1 Quantitative Data

The survey was prepared using www.surveymonkey.com which is a powerful online survey tool that allows simultaneous data analysis.

It was recognised that the quantitative information generated was a simple baseline of learners' health needs with the key purpose of informing and supporting the qualitative components. It was not intended to be definitive or wholly representative of the learner population. However, a number of demographic questions were included with analysis so that results could be filtered, using the automatic function of Survey Monkey, to explore and contrast demographic groups such as males and females.

As part of the survey the Warwick-Edinburgh Mental Well-being Scale² was used to measure respondent's positive mental wellbeing. The scale comprises 14 separate

² The Warwick-Edinburgh Mental Well-being Scale was funded by the Scottish Executive National Programme for improving mental health and well-being, commissioned by NHS Health Scotland, developed by the University of

statements describing feelings related to mental wellbeing. WEMWBS was developed by researchers at Warwick and Edinburgh Universities as a user-friendly and psychometrically validated tool for measuring positive mental wellbeing at a population level in Scotland. It has been validated for use among student populations and is reported upon using the following definitions:

Good mental wellbeing

One of 3 classifications of mental wellbeing derived from responses to the WEMWBS section of the questionnaire. A respondent with good mental wellbeing is one whose score on WEMWBS is over one standard deviation above the mean of the sample.

Average mental wellbeing

One of 3 classifications of mental wellbeing derived from responses to the WEMWBS section of the questionnaire. A respondent with an average mental wellbeing is one whose score on WEMWBS is within one standard deviation of the mean of the sample.

Poor mental wellbeing

One of 3 classifications of mental wellbeing derived from responses to WEMWBS. A respondent with poor mental wellbeing is one whose score on WEMWBS is over one standard deviation below the mean of the sample.

Appendix E provides further information on the WEMWBS scale and its analysis.

2.4.2 Qualitative Data

This aspect of the analysis covered data collected from the learners' focus groups, staff and external agency interviews. With the exception of one focus group, all interviews and focus groups were recorded and fully transcribed³ by the researcher. Each transcript was read several times to immerse in the details of the research and get a sense of each focus group/interview as a whole prior to breaking it into sections. Throughout the transcription and reading process, the researcher took notes on emerging themes. This consisted of short phrases, ideas or key concepts that occurred to the researcher. These themes were developed into a coding framework, which was used to analyse the transcripts using the "NVivo" qualitative data analysis software tool. The categories were then further developed and went on to form the basis of the results of the study.

2.4.3 Limitations of Study

When conducting this needs assessment the following issues arose which impacted on the scope and scale of the study.

Timing

The fieldwork took place at the same time as an HMIe inspection within the college. This made it difficult to engage with staff members and organise interviews and learner focus groups. Although a good number of staff interviews were achieved the inspection may have impacted on the number of lecturing staff able to take part.

Survey Design

Warwick and the University of Edinburgh, and is jointly owned by NHS Health Scotland, the University of Warwick and the University of Edinburgh.

³ Focus group 10 was not recorded because some participants had communication difficulties which prevented this. Instead detailed notes were taken throughout.

One of the benefits of using survey monkey is that it provides greater scope for the design of the questionnaire in how respondents are guided through the questions. This includes respondents being transported onto the next relevant question (depending on their response) and having to respond appropriately depending on whether a single or multiple response is required. However, as paper copies of this survey were also used none of the features that allow for greater control could be activated. This means that for some questions respondents did not follow the design of the questionnaire. This is most notable for Q.16 where respondents were asked to complete three stages of a similar question based on whether a) they have heard of a service b) they have used a service c) they would use a service in the future. It was evident from the responses, and from subsequent discussion in the focus groups, that this question caused some confusion with some completing only one of the three parts (generally whether they have heard of the service). Due to this in the findings section only the first stage has been reported as indicative of awareness of services.

On-line Access

Due to the lack of uptake of the on-line self completion survey it was necessary to distribute paper copies of the survey.

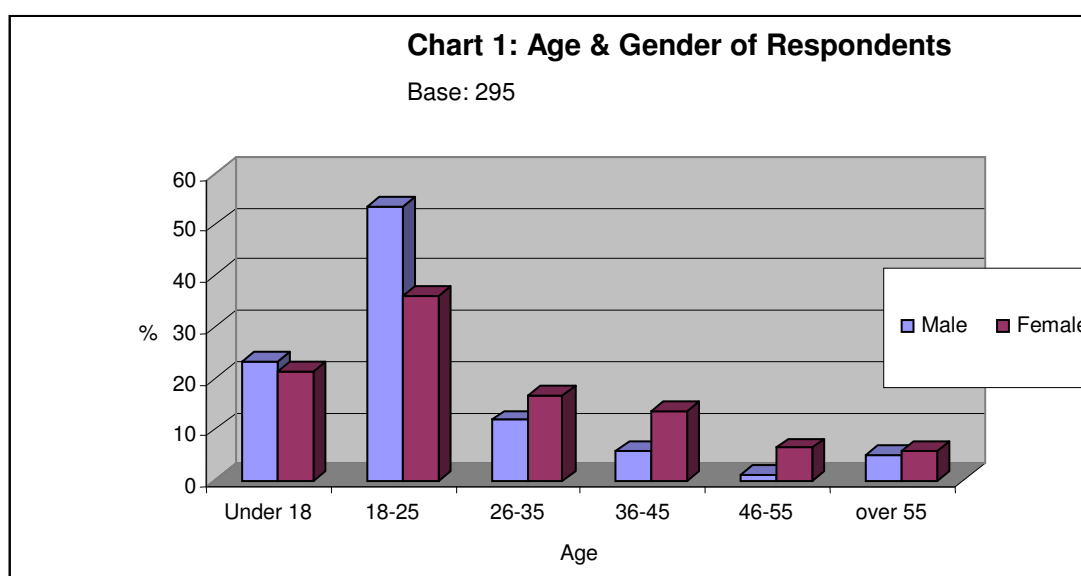
Although this increased the number of completed questionnaires it also extended the time required for the survey aspect of the needs assessment. This meant that a full analysis of the survey could not take place prior to the focus groups and interviews. Although initial findings were used to stimulate discussion within the focus groups some issues that arose later when the questionnaire was fully analysed were not explored in any detail in the focus groups e.g. gender differences.

4.0 FINDINGS

3.1 SURVEY PROFILE

301 learners from Clydebank College completed the questionnaire, 63.8% were female and 34.2% were male. Overall males were slightly under represented when compared to the college demographics (41% male learners and 59% female learners).

Of the 301 respondents there were proportionally more young learners. Although this matches the college demographics where over 50% of learners are under 25, learners in the 46-55 bracket and 55 plus bracket were slightly under represented. The analysis of respondents by age and gender is shown in Chart 1.



Please note that in many of the following findings, the total of each individual response may be less than 301 due to learners not answering that particular question.

78.4% of respondents (n=236) described themselves as “White Scottish”. The remaining respondents identified with 7 different ethnicities as outlined in Table 1.

Table 1: Ethnicity Breakdown

| Ethnicity | Number of Learners | % of Total Sample |
|------------------|---------------------------|--------------------------|
| White Scottish | 236 | 78.4 |
| White Other* | 26 | 8.6 |
| Black African | 11 | 3.7 |
| Asian** | 6 | 2.0 |
| Other Background | 9 | 3.0 |
| Totals: | 288 | 95.7 |

*Includes “White British” and “White Irish” as well as “White Other”

** Includes “Asian Scottish”, “Asian British”, “Asian Indian” & “Asian Pakistani”

48% of respondents were from West Dunbartonshire with a further 22.3% from Glasgow City Council. The percentage of respondents from West Dunbartonshire broadly represents the college demographic breakdown with 52% of learners from West Dunbartonshire. The breakdown of respondents by area of residence is provided in table 2.

Table 2: Area of Residence

| Local Authority | Number of Learners | % of Total Sample |
|------------------------|---------------------------|--------------------------|
| West Dunbartonshire | 145 | 48.2 |
| Glasgow City | 67 | 22.3 |
| Argyll & Bute | 17 | 5.6 |
| East Dunbartonshire | 14 | 4.7 |
| Other* | 14 | 4.7 |
| Total** | 257 | 85.5 |

*Includes East Renfrewshire, Highland, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire and South Lanarkshire.

**Remaining respondents either did not provide their postcode or provided an incomplete postcode.

Using the Scottish Index of Multiple Deprivation (2006), 28.9% of respondents reside within the top 15% most deprived areas as outlined in table 3. This is comparable with 33% of all college learners residing in Social Inclusion Partnership areas.

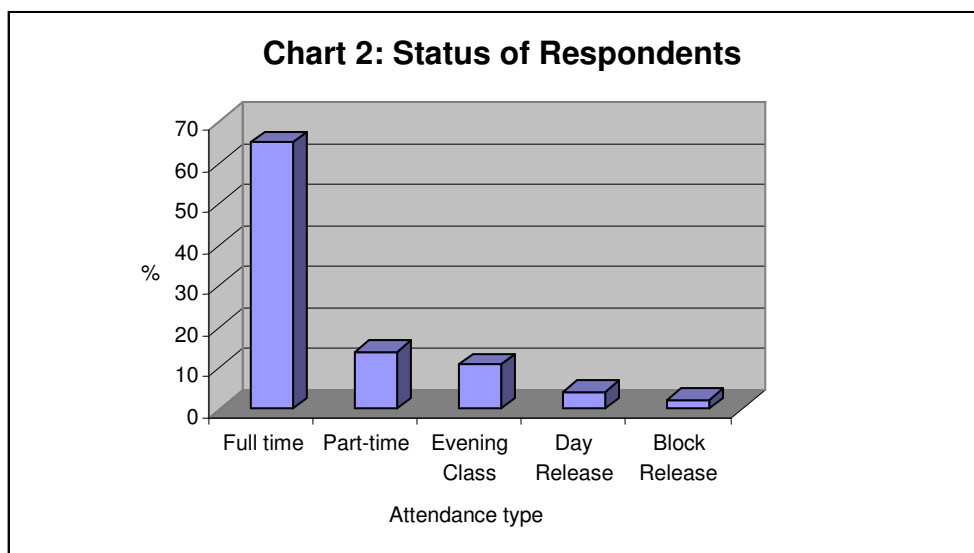
Table 3: Scottish Index of Multiple Deprivation

| SIMD ranking | Number of Learners | % of Total Sample |
|------------------------|---------------------------|--------------------------|
| Top 15% most deprived | 87 | 28.9 |
| Top 20% most deprived | 101 | 33.6 |
| Top 15% least deprived | 14 | 4.7 |
| Top 20% least deprived | 16 | 5.3 |
| Unknown* | 60 | 20.0 |

*Due to incomplete or missing postcodes

85% of respondents indicated that they were heterosexual, 2.1% (n=6) that they were bi-sexual and a further 2.1% (n=6) that they were gay or lesbian. 18 respondents preferred not to answer this question.

88% of respondents (n=265) attended Clydebank Campus with 7.6% (n=23) attending Dumbarton Campus. The majority of respondents (65%) attended the college full time. Chart 2 breaks down the attendance type of respondents at the college.



3.2 GENERAL HEALTH & WELLBEING

Learners were asked a series of questions exploring their general health & wellbeing.

A high percentage of respondents indicated that they had a 'good' or 'excellent' quality of life. A similar response was given when asked about their physical health and mental and emotional health. However, a sizeable minority of respondents indicated 'fair' and fewer again 'poor' to each of these questions. Tables 4, 5 & 6 provide analysis by total and gender for each question.

Across the three questions, females were more likely than males to indicate 'fair' or 'poor' and considerably less likely to indicate 'excellent'.

When broken down for age there was no clear pattern across the questions. However, under 18's consistently provided positive responses (excellent or good) to all these questions and respondents aged 46-55 were most likely to respond negatively to the questions. *Due to the small numbers involved in the analysis these findings should be treated cautiously.*

Table 4: Quality of Life by Total & Gender

| How would you describe your overall quality of life? | Total % (n=301) | % Male (n=103) | % Female (n=192) |
|--|--------------------|-------------------|---------------------|
| Excellent | 21.3 | 31.1 | 16.1 |
| Good | 58.8 | 54.4 | 60.4 |
| Fair | 18.9 | 14.6 | 21.9 |
| Poor | 1.0 | 0.0 | 1.6 |

Table 5: General Physical Wellbeing by Total & Gender

| How would you describe your general physical wellbeing? | Total % (n=301) | % Male (n=103) | % Female (n=192) |
|--|----------------------------|---------------------------|-----------------------------|
| Excellent | 13.6 | 25.2 | 7.8 |
| Good | 57.1 | 56.3 | 56.3 |
| Fair | 23.6 | 15.5 | 28.6 |
| Poor | 5.0 | 0.2 | 4.3 |

Table 6: General Mental or Emotional Health by Total & Gender

| How would you describe your general mental or emotional health and wellbeing? | Total % (n=301) | % Male (n=103) | % Female (n=192) |
|--|----------------------------|---------------------------|-----------------------------|
| Excellent | 19.9 | 34.0 | 13.0 |
| Good | 55.1 | 49.5 | 57.3 |
| Fair | 18.6 | 13.6 | 21.4 |
| Poor | 5.3 | 0.0 | 7.3 |

An overall positive outlook for the majority of respondents was further evident with 60.8% stating that they had someone to talk to and trust about personal things or worries in college. However, 33.2% of respondents (n=100) stated that they did not have anyone talk to with males (64%) slightly more likely than females (60.4%) to have someone to talk to in college.

Respondents aged 36-45 years were most likely to have someone to talk to within college and respondents aged 46-55 years were least likely to have someone to talk to in college. However, due to the small numbers involved in the analysis these findings should be treated with caution.

3.2.1 Mental Health & Wellbeing

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was used to measure the positive mental wellbeing of learners. WEMWBS comprises 14 separate statements describing feelings relating to mental wellbeing. For each statement, respondents are asked to indicate how often they have felt this way over the last two weeks, using a 5 point scale (none of the time, rarely, some of the time, often, all of the time). The scale represents a score for each statement from 1 to 5 respectively i.e. 1 = none of the time and 5 = all of the time. Each respondents overall score for WEMWBS is calculated by totalling their scores for each of the 14 statements. The minimum score possible from the scale is 14 while the maximum is 70. The higher a person's score is, the better his/her level of mental wellbeing.

Table 7 outlines the key findings from the WEMWBS scale and compares them to recent national findings from 'Well? What do you think? The Third National Scottish Survey of Public Attitudes to Mental Health, Mental Wellbeing and Mental Health Problems' (Braunhotz, S. et al, 2007).

Please note that a total of 290 responses were included in the analysis of the WEMWBS scale due to incomplete responses. Appendix E provides further information on the analysis of the WEMWBS scale.

Table 7: WEMWBS Scale by Total & Gender

| Rating using WEMWBS scale | National % (n=1,216) | Total % (n=290) | Male % (n=103) | Female % (n=182) |
|----------------------------------|---------------------------------|----------------------------|---------------------------|-----------------------------|
| 'Good' Mental wellbeing | 14.0 | 11.4 | 15.5 | 13.7 |
| 'Average' Mental wellbeing | 73.0 | 75.5 | 72.8 | 71.0 |
| 'Poor' mental wellbeing | 14.0 | 13.0 | 11.6 | 15.4 |

The results from the WEMWBS scale highlight some gender differences, with females scoring higher for 'poor' mental wellbeing and lower than males for 'average' and 'good' mental wellbeing.

There was recognition within the staff interviews that mental health issues were prevalent among the learner population; however it was felt that the college has started to make progress with the issue.

"I think we have made inroads with mental health problems, partly because of the counselling service but also because we were the first college to do the mental first aid training. It is a 1 or 2 day course and it was very impressive. It has led to the development of the counselling service so issues around that are more linked and established because staff are more aware and confident at recognising it". Staff interview

3.2.2 Worries About Health

Two questions in the survey explored the respondents worries about health. The first question asked 'what one thing worries you the most about your health?' Weight emerged as the most common response to this question among all respondents (males and females).

Table 8 outlines the top 5 responses to the second question exploring this theme 'what worries you about your health and wellbeing' and analysis by gender. For this question respondents could indicate more than one concern about their health.

Table 8: Top 5 Health Worries by Total & Gender*

| What worries you about your health and wellbeing? | Total % (n=301) | % Male (n=103) | % Female (n=192) |
|--|----------------------------|---------------------------|-----------------------------|
| Money | 44.5 | 40.8 | 47.9 |
| Weight | 38.2 | 14.5 | 52.1 |
| Exam/study stress | 37.1 | 23.3 | 43.8 |
| Fitness | 36.7 | 27.2 | 41.7 |
| Diet | 28.6 | 15.5 | 36.5 |
| I have no worries | 19.2 | 32.0 | 12.0 |

*Learners could tick more than one response

Table 9 outlines the top 5 health worries by age. *Due to the small numbers involved these findings should be treated cautiously.* This table highlights that money was the top health worry for respondents aged under 35, and weight and fitness for those aged over 36 years.

Table 9: Top 5 Health Worries by Age*

| What worries you about your health and wellbeing? | Under 18's (n=65) | 18 – 25 (n=124) | 26 -35 (n=44) | 36 – 45 (n=32) | 46 – 55 (n=13) | Over 55 (n=16) |
|--|-----------------------------|---------------------------|-------------------------|--------------------------|--------------------------|--------------------------|
| Money | n=25 | n=59 | n=29 | n=14 | n=5 | - |
| Exam/study stress | n=20 | n=51 | n=19 | n=15 | - | - |
| Weight | n=17 | n=45 | n=22 | n=18 | n=6 | N=6 |
| Fitness | n=16 | n=48 | n=20 | n=12 | - | N=8 |
| Feeling Low | n=14 | n=37 | - | - | n=5 | N<5 |
| Diet | - | - | n=17 | n=17 | - | N=6 |
| Mental Illness | - | - | - | - | N<5 | - |
| Disease/illness | - | - | - | - | N<5 | N<5 |
| I have no worries | n=17 | n=24 | n=6 | n<5 | N<5 | N<5 |

*Learners could tick more than one response

When health worries were explored in the learner focus groups and staff interviews there was widespread agreement that money, weight and mental health (linked to exam/study stress) are key health issues for learners.

“I would have thought money would have been the big thing, not having enough money to come to college”. Female, focus group 4

“Definitely exam stress as we have an English exam today and I am still awake from last night because of the exam”. Male, focus group 1

“I think there’s an awful lot of mental health problems going on, over the past year, we’ve got one class where we’ve had four, five possibly with mental health issues particularly depression and that’s had a major impact on the teaching and of course the wellbeing of the learners”.
Staff interview

Staff were more likely than learners to raise poor diet as a concern; particularly learners eating a lot of sugary snacks and skipping breakfast. All participants (staff & learners) felt that diet was closely aligned to finance i.e. cheaper to eat unhealthily. Although learners did not raise diet as a health ‘worry’ when discussing what the college could do to help improve their health the issue of diet and provision of healthier, cheaper food was raised. This is discussed in more detail in Section 4.8: Suggestions for Improvement.

“I think their health issues are affected by their lack of money. They eat an awful lot of junk food and drink these high energy drinks all the time. Mainly money seems to be a problem” Staff interview

“Diet is the key issue and it’s through habit, a long habit. There’s a lot of students stay on their own as well and they don’t eat well because it all boils down to money because of the rent they have to pay”. Staff interview

The need for good mental health was raised as particularly important so that learners can withstand the stress of exams and the pressure to do well.

“To me I think it is mental [health] that is really important, all these exams and the pressure it is important to be in good mental health to be able to carry out everything and deal with the pressure”. Female, focus group 5

There was also acknowledgment that there is not only pressure to do well in exams but pressure to fit in with the crowd. Participants in two groups raised that there was particular pressure among young female learners to look and act a certain way.

“There’s a lot of pressure as well. I don’t mean to sound bad but you walk in and there are all these young girls looking perfect, hair perfect and then I am walking in not caring about all of that... they are all under pressure”. Female, focus group 3

“I think they [females] are dead competitive with one another. I see all the beauty classes giving looks and making snide comments because of how people look”. Female, focus group 9

Participants in two groups raised the issue of alcohol and drinking to excess. It was acknowledged that for many learners this is considered ‘part of the student experience’.

“Well it’s quite well known that the students like a good drink”. Male, focus group 3

However, these groups felt that for some individual’s alcohol can be a way of dealing with the new pressures they are experiencing, in particular, the stress of college work and wanting to fit in with a new crowd. Drinking to excess can then lead to a cycle of problems that links stress, alcohol and finance.

“If you’re stressed you drink and if you drink you are poor” male, focus group 4

“If they think they are not fitting in they are more likely to try and fit in with the crowd and that’s when they start getting more into the drink and the drugs, especially the younger ones”. Male, focus group 3

3.2.3 Equality Groups

In addition to the general issues that were raised across the focus groups a number of issues specific to the needs of equality groups were highlighted.

Within the two focus groups with international learners the health impact of living away from friends and family and feeling more socially isolated was raised.

“Because we are here on our own and we have to cook for ourselves which is something new. As before back home we were with our families and basically they used to cook. Basically I just have microwave meals”. Female, focus group 1

“I think the emotional pressure is more for me for example not having the family and taking care of the baby, I don’t have the support”. Female, focus group 1

This was exasperated by a lack of knowledge on what services/activities were available locally that they could access at weekends and evenings.

Specific issues were also raised by learners with additional support needs. These were in reference to some students with additional support needs having a greater number of physical health problems which often prohibited them from taking part in sport or high impact activities.

The issues raised by the international learners and those with additional support needs were highlighted when discussing suggestions for ways the college can support learners to make healthier lifestyle choices and are considered again within this section.

3.3 ILLNESS AND DISABILITY

70.8% of respondents indicated that they do not have any illnesses or disabilities that are likely to go on for more than 6 months. Of the 28.2% (n=86) of respondents that did have an illness or disability the majority (77%, n=66) were female. The gender distribution is partly explained by the greater numbers of females in the overall sample. In addition, respondents aged over 36 years were more likely to have an illness or disability than younger respondents and a greater percentage of them were female.

Table 10 outlines the top 5 illnesses or disabilities experienced by respondents by total and gender.

Table 10: Experience of Illness or Disability by Total & Gender

| What are your illnesses or disabilities*? | Total (n) | Male (n) | Female (n) |
|--|------------------|-----------------|-------------------|
| | (n=86) | (n=18) | (n=66) |
| Asthma | n=27 (31.4%) | n=5 | n=22 (33.3%) |
| Depression | n=23 (26.7%) | n<5 | n=20 (30.3%) |
| Painful Joints | n=21 (24.4%) | n=5 | n=15 (22.7%) |
| Anxiety | n=16 | n<1 | n=15 |

| | | | |
|----------|---------|-----|---------|
| | (18.6%) | | (22.7%) |
| Dyslexia | n=14 | n=5 | n=8 |
| | (16.2%) | | (12.1%) |
| Eczema | n=13 | n<5 | n=12 |
| | (15.1%) | | (18.2%) |

**Learners could tick more than one response.*

The majority of respondents that have experience of illness or disability indicated that it has no effect on them (48.9%, n=45). The most common effects were 'sometimes missing college' (27.2%, n=25), 'unable to do exercise or sport' (17.4%, n=16) and 'unable to do college work or make social events' (10.9%, n=10).

Female respondents with experience of illness or disability were more likely than males to indicate that their illness/disability affects them in a negative way.

Respondents under 18 years were the least likely to have an illness or disability with over 75% reporting no illness or disability. Of those that had experience of illness asthma was the most common issue. Learners aged over 55 were the group most likely to have experience of an illness with fewer than half having no experience of this. Painful joints were the most common illness/disability cited among this age group.

Although under 18's were the least likely to experience illness or disability they were the group most likely to indicate that their illness/disability affects them; particularly through missing college, being late for classes and being unable to do college work/essays. The reverse of this was true for over 55s with this group being the most likely to state that their illness or disability has no effect on them.

Please note that due to the small number of cases involved in the analysis these findings should be treated cautiously.

When illness/disability was discussed in the focus groups all participants indicated that they felt that depression would have a greater impact on a learner's experience of college and/or social life than other illness or disability.

"I don't think asthma is a problem I mean I am diabetic and I go out. But I mean obviously depression can have an impact". Male, focus group 6

"You cannae be bothered, don't want to do anything when you are depressed". Female, focus group 4

There was some disagreement on the extent that college can support learners who are experiencing an illness; particularly depression. On one side participants indicated that there was little the college could do as it was an issue the individual had to deal with (with support from a doctor) whilst others felt that the college had a key role to play. Overall it seemed that participants who were part of social care courses and/or all female groups were more likely to feel that the college had a role to play in supporting learners with an illness.

"Asthma a doctor should be able to sort that out and depression he should be able to sort out too. It's not up to the college to sort out."
Male, focus group 7

“I’ve not been well and the college has been really good at offering support.” Female, focus group 8

This debate arose again when discussing lack of motivation as a reason for missing class/college.

3.4 REASONS FOR MISSING COLLEGE

When learners were asked whether they regularly missed class or college the majority of respondents indicated that they did not miss class/college for any reason. However, among those that did the most common response was due to own illness or no motivation; as outlined below in table 11.

Table 11: Reason for Missing Class or College by Total and Gender

| Do you regularly miss classes/college due to any of the following*? | Total % (n=301) | % Male (n=103) | % Female (n=192) |
|--|----------------------------|---------------------------|-----------------------------|
| Illness (your own) | 14.3 | 7.8 | 18.2 |
| No motivation | 11.3 | 12.6 | 10.4 |
| Lack of money | 10.6 | 9.7 | 11.5 |
| Poor Transport Links | 10.0 | 9.7 | 10.4 |
| Illness (others) | 5.6 | 3.9 | 6.8 |
| Childcare | 4.3 | 1.0 | 6.3 |

**Learners could tick more than one response.*

Across all of the learner focus groups there was widespread agreement that lack of motivation was a key reason for missing college with many participants giving examples of them missing college for this reason.

“If I miss classes sometimes I do this on purpose because I am really getting tired so I take time off where I just want to stay at home or get dressed and go somewhere. Then I am up for college. So it is positive, I miss it deliberately to get a rest”. Female, focus group 5

“It’s so easy just to take the day off; you don’t get into trouble or anything. It’s not like work where you would have to make up some kind of excuse”. Male, focus group 6

A number of participants felt that lack of motivation was partly explained by expectations of courses not matching the reality. Some learners felt that their course had been more difficult than expected or simply different with less practical and more theory than they had thought would be the case.

“I would say that motivation is a big one. I think when people come to college they lose their motivation quite fast because they are not enjoying the subject they have chosen to do. The subject is not living up to their expectations”. Male, focus group 3

Participants were divided when asked whether they thought that the college could do anything to try and combat learners missing class/college due to low motivation.

Participants in one group felt it was important that information on courses reflected the reality of it; without portraying it as so difficult that learners were put off! The extent to which participants felt the college could impact on lack of motivation was split between those that felt that motivation was an individual response and those that felt that external factors could influence it. It was interesting to note that international learners and focus groups that were all or predominately male were more likely to state that motivation was an individual response and social care learners and focus groups that were predominately female were more likely to state that external factors; such as friendships and relationships with staff had an impact on motivation levels.

“I think it just comes from the person herself or himself...If they want to learn they just force themselves to get up early. For myself I get up my children and take them to the schools and then I go to college, finish and then go and pick them up...You use your time effectively”. Female, focus group 5

“At the end of the day you still get the people that turn up on time every day, it’s just down to the individual, whether they want to succeed in life or not”. Male, focus group 7

“I think our class being good is helpful as well”...“Yeah because you think oh I’m probably going to miss a bit of banter”...“We motivate each other”. 2 females, focus group 8

Within staff interviews the issue of lack of motivation was also raised. There was recognition that for some learners the link between attendance and their bursary was motivation enough for them to attend regularly. However, staff felt that in some instances attendance (or lack of) was indicative of underlying health issues and/or reflective of wider social issues relating to background and culture.

“Yes some of them have got into a habit of not coming. They didn’t attend school and so they don’t attend college so it is a bad habit. But there are probably a lot of health issues behind that”. Staff interview

In addition to lack of motivation staff also raised ‘transport’ and ‘finance’ as reasons learners miss college.

“Transport issues do affect attendance. A lot of them are on their own bursaries and you do find that if they want to go on trips they do struggle if they [the trips] are in Glasgow and they may be coming from the West. They’ve then got to find extra money for train fares into Glasgow and that’s a wee bit of a struggle for them. So if they don’t get their bursary on time we’ll have attendance issues around that”. Staff interview

Although learners did discuss these issues they weren’t raised in relation to missing college but suggestions that the college could do to help improve the student experience i.e. financial management & better transport links/parking.

“Transport can be a problem at moment there is no direct bus service except the 40...more buses are needed as at moment you need to walk from the train station”. Learner, focus group 10

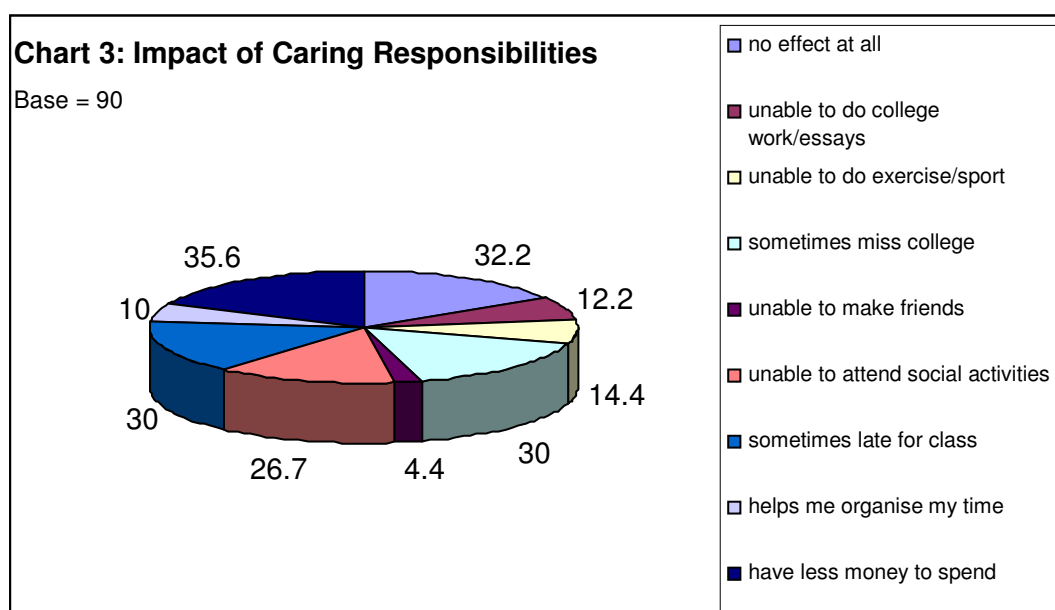
3.5 CARING RESPONSIBILITIES

64.1% of all respondents indicated that they did not have caring responsibilities or duties. Of the 35.9% of respondents (n=108) with some caring responsibilities this was most likely to be due to young children (46%, n=50).

Overall female respondents were more likely to have caring responsibilities than males with 78% of those that care for young children being female.

Respondents over 55 years were least likely to have caring responsibilities, followed by respondents in the 18 to 25 age group.

Chart 3 below outlines what issues caring responsibilities impacted on.



The majority of respondents with caring responsibilities had been able to inform staff about their responsibilities, however a sizeable minority (36.8%) had not. In addition, 28.7% of those with caring responsibilities had not been informed of additional support potentially available to them.

The results from the survey were supported by the focus group findings. With the exception of two participants that had caring responsibilities towards their fathers (one female and one male) the majority of participants with caring responsibilities were female learners looking after their children. The overwhelming experience was that the college provides financial assistance for childcare, which was considered a great support, but cannot help with finding a nursery or providing cover if the nursery is closed.

The majority of issues related to the difficulties of balancing college work and family life.

“Well it is difficult for me because I have a baby and it is very difficult to study when I go home. I have to wait until she sleeps and then start studying which is nearly 11 o’clock...I don’t think I can ask for more because they provide the nursery fee but after school time it is my responsibility”. Female, focus group 1

“I’m quite lucky as well she is in nursery from 8.30am in the morning and is in there until twenty to five at night but the college pay for her to be there but you need to sort out the rest yourself like you need to find cover for days the nursery is out”. Female, focus group 8

The participants placed emphasis on the importance of college staff being aware of these difficulties and being flexible towards learners with caring responsibilities. This was particularly important when nursery holidays do not match college holidays.

“There was one time when the schools were off and we weren’t. My two lassies were away for the day but I have the wee guy so I had to say is it okay if I bring him in with me and they were like yeah no bother as long as he stays at the side”. Female, focus group 9

It was raised that it was disappointing that the new college did not have on-site nursery facilities and/or after school club care as this would help to relieve some pressure faced by parents.

“There was one [a nursery] right next to the old college with all the facilities there but not this one. That can put extra pressure on students not personally but maybe someone else”. Female, focus group 8

The only negative experience raised in the focus groups was one participant who was the carer for her younger siblings. This participant felt that her caring responsibilities were not taken seriously because she was young and not the mother of the children.

“My mum works and my dad works so I’m usually the one that has to be in for the little ones coming in from school and the lecturers just don’t understand that okay I’m not their parent or guardian but I’m still expected to go home and look after them and they (the lecturers) see it as I’m lying because I am so young and I have no children obviously”. Female, focus group 4

When caring responsibilities were discussed with staff and external agencies, there was a high level of awareness of the challenges that caring responsibilities can bring.

“Obviously there’s a lot of different stress and pressures around women, you know if they’re trying to juggle childcare plus education or perhaps caring for relatives”. External agency

However, it was recognised by some that at times it can be problematic to know if caring responsibilities were always a genuine reason for being absent.

“The ones with children, they certainly seem to have problems, particularly vomiting and the runs, we get a lot of that, but whether that is real problems or it’s a very good one to use as an excuse for not being here, that’s debatable, that’s something that crops up from time to time”. Staff interview

Among the focus groups the reasons for learners not informing staff about caring responsibilities was discussed. Some participants felt that this could be attributed to embarrassment and not wanting people to know.

“Nobody wants to admit they cannae cope”. Female, focus group 3

However, it was also raised that for many people with caring responsibilities it may not occur to them that this was something they could talk about and/or receive support with because it was simply considered an aspect of their life that they had to manage.

3.6 DISCRIMINATION

75.4% of all respondents had not experienced discrimination on any grounds in the past 12 months. Among the minority of respondents (12%, n=37) that had experienced discrimination the top three reasons were due to age (n=11), accent (n=10) and religion/belief (n=9).

The survey results were broadly supported by the findings in the focus groups in that no participants had experienced direct discrimination on any grounds. Due to the low level of experience of discrimination few participants could relate to the survey findings. The exception to this was the focus group with mature learners, international learners and those with additional support needs.

Across the focus groups there was widespread agreement that discrimination was very low within the college. This was considered positive as it was recognised that the college caters for learners from a range of countries and backgrounds, including learners with additional support needs.

“In my personal opinion I have been in this country about a year and I have never experienced discrimination, not even once”. Female, focus group 5

Due to the low level of discrimination experienced few participants went on to discuss the top three reasons given by those that have experienced discrimination. An exception to this was the focus group with mature students who discussed the issue of age. Although it was acknowledged that there would be few incidents of serious ‘discrimination’ they did feel that there was a lack of respect towards older people. This was felt to be a wider societal issue rather than specific to Clydebank College. However, due to the high numbers of younger learners within the college it was felt that it may be felt by older people more readily within this environment.

In addition to the mature student group, participants from two other groups raised that on occasions they felt that other learners had been ‘laughing’ or ‘joking’ at their expense. On one occasion this was due to the international female learner wearing a head scarf and on the other because the learner had learning disabilities. However, on both occasions no comments had been made directly to them. These incidents were seen as potentially indicative of a wider problem within the college; mainly a lack of integration among learners. This was raised in relation to students from different backgrounds tending to ‘stick together’ and not integrate.

“Some of the classes are mixed but it is still pretty segregated the Scottish students are on their own. It’s not a good thing as we are here to improve our English and we don’t interact with them but our cultures are different so it’s hard to start talking with one another”. Female, focus group 1

“If you go to the canteen most international people stick together and Scottish people as well so it would be a good idea if we can meet”. Female, focus group 5

Although there was discussion that this was partly due to the composition of classes this could not account for it all; particularly for international students who regularly had classes with Scottish students but still did not integrate with them. Another suggestion for this situation was the lack of opportunity for learners from different classes thus different backgrounds to mix socially. This was directly related to the lack of student space and activities within the college. This issue is discussed more widely in Section 4.7: Information, Services & Barriers.

3.7 INFORMATION, SERVICES & BARRIERS

In the survey learners were asked a series of questions on the provision of information and advice on health and wellbeing, their awareness and use of services available in the college and barriers that learners face to access advice and make healthy lifestyle choices. These issues were also explored within the learner focus groups and staff interviews.

3.7.1 Information

When asked about the information or advice learners would like about their health and wellbeing weight/diet was the most common response. Although males and females indicated that they would like information on similar issues the priority given to topics was very different. In addition, females were more likely than males to indicate that they would like information and advice on a wide range of topics.

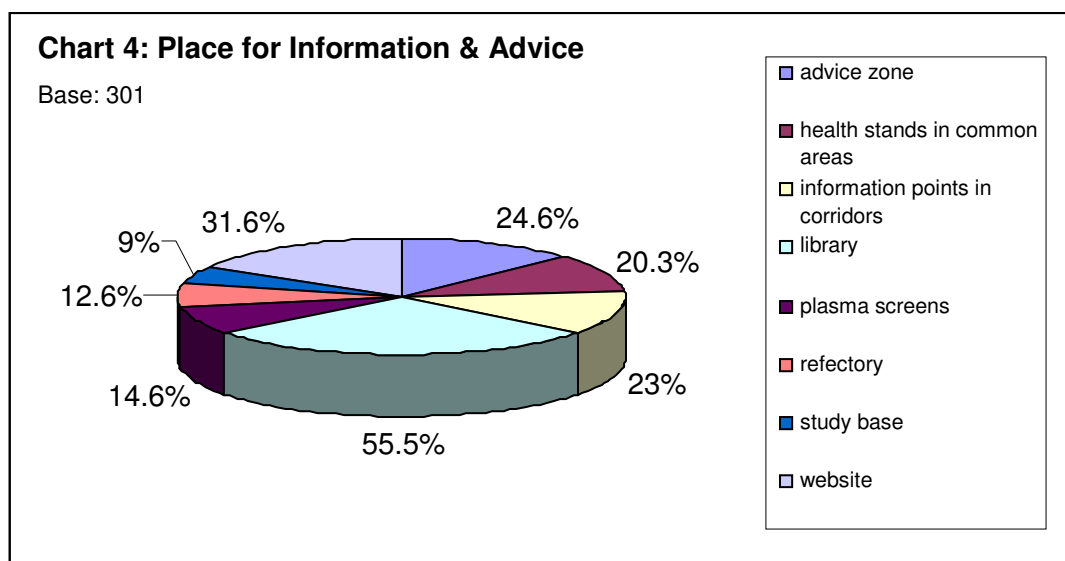
The top 5 responses for females were weight/diet, eating healthy, dealing with stress, building confidence/self esteem and money. The top 5 responses for males were money, weight/diet, exercise, eating healthy and general health. Table 12 outlines the responses that were greater than 10% of total respondents by total and gender.

Table 12: Information & Advice by Total & Gender

| What information and advice would you like available to you on health and wellbeing*? | Total % (n=301) | % Male (n=103) | % Female (n=192) |
|--|----------------------------|---------------------------|-----------------------------|
| Weight/Diet | 29 | 19.4 | 35.4 |
| Eating Health | 27.2 | 16.5 | 32.3 |
| Money | 24.3 | 29.1 | 22.4 |
| Dealing with stress | 23.6 | 14.6 | 28.6 |
| Exercise | 19.3 | 18.4 | 20.3 |
| Building confidence/self esteem | 16.3 | 4.9 | 22.0 |
| Exam/study stress | 15.6 | 8.7 | 19.8 |
| General health | 15 | 15.5 | 15.1 |
| Feeling low | 13.6 | 6.8 | 17.7 |
| Study skills | 13.4 | 11.7 | 14.1 |
| Debt | 12.3 | 13 | 13.5 |

**Learners could tick more than one response.*

The preferred place to access information and advice on health and wellbeing within the college was the library with 55.5% of respondents selecting this choice. Chart 4 outlines other responses.



Although the library was top choice in the survey there was some disagreement about this within the focus groups. This debate appeared to reflect whether the participants placed emphasis on ‘information’ or ‘advice’ and the extent to which they felt privacy would be required.

“I think other places [than library] would be better as you need to keep silence in the library, and there are lots of other students about”.
Female, focus group 5

“In reception...it’s private in a way and you don’t want everyone to see what you are picking up”. Female, focus group 4

Other participants felt there were a number of ‘easy’ options that the college could utilise to provide health information and/or encourage healthy choices.

“Should be using the TV screens as all they have on it is music just now”. Male, focus group 10

“Plasma screens would catch your eye or maybe an email, they are more likely to catch your eye than a flyer lying on a table”. Male, focus group 7

The majority of focus group participants could not recall seeing information on health and wellbeing issues around the college. For those that had this was through leaflets in the canteen or information on the notice board. There was general agreement that few people (staff or learners) read leaflets or the notice boards.

“Flyers are a waste of time”. Male, focus group 7

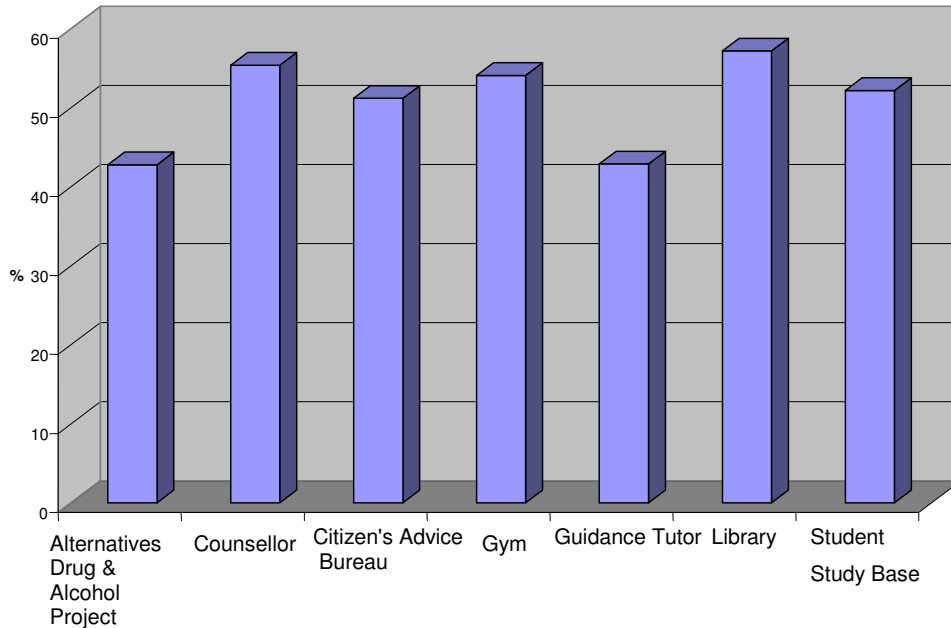
“I just don’t look at any of them [notice boards] except the other day I was getting results back from my lecturer and I noticed it but we walk by about 8 and you don’t know which one relates to you”. Female, focus group 8

3.7.2 Services

Within the survey the learners were asked to tick which services they had heard of in the college. As outlined in Chart 5, overall awareness of services available in the college was low. This may be partly due to some confusion with the wording of the question (see Section 3.4.3: Limitations of Study). However, an overall lack of awareness about services and in particular how to access them was a key feature of all learner focus groups.

Chart 5: Awareness of Services

Base: 301



In contrast to learners, staff demonstrated a relatively good awareness of services in the interviews. This was attributed to the efforts of the student study base team to contact staff and arrange inputs into classes to help raise awareness. However, despite higher levels of staff awareness this knowledge was not universal.

“I think they [staff] are more aware now over the last couple of months. Some staff aren't aware because they don't want to be aware, they are only aware when they need something”. Staff interview

“I'm not aware of citizens advice bureau and things like that, see when things come out by email, it's sometimes not the best way of informing people because you get quite a lot of emails...I think the class visits work well; I mean that worked for me”. Staff interview

Focus group participants were least aware of services provided by external agencies within the college. These findings were supported by the experiences of external agencies.

“We did about half a dozen sessions where we were situated in the college, and we had one person that turned up in that time and really we couldn't justify having a member of staff sitting there because it just didn't go anywhere. I mean we did promote it, we did hand out flyers in the canteen, we did do the presentations, other than that I'm

not sure what else we could have done. It just seemed to be so far away, I mean peoples focus". External agency

Despite some of the difficulties reported by the external agencies on being based within the college all of them highlighted that the links they had developed with the college were positive because they had raised the profile of their service overall.

"It's been a very positive link with the college, I mean from our perspective, even though we haven't had a lot of contact at the base, certainly we've had women coming and contacting us directly here". External agency

Focus group participants showed a better awareness of more permanent services in the college such as the guidance tutor, student support service and the counsellor. However, once again this was not universal and the experience of using these varied considerably.

Participants in 7 out of 10 focus groups were aware of having a guidance tutor and the role that they have. The three groups with no awareness were the international learners and block release learners. Among other participants there were varying examples of interaction with the guidance tutor ranging from never seeing them to very good relationships with them.

"There have been times when something has been going on and the lecturers have been there and you know it isn't going to go any further". Male, focus group 6

"I don't know what other people's guidance tutor is like but we have been pretty lucky with ours. We all know that we can speak to him but I'm sure there are a lot of students that don't have that. They would have quite a different impression". Female, focus group 8

The majority of participants in the focus groups were also aware of the student study base and appeared to have a relatively good understanding of what support it could offer. In one group two participants discussed how the approach to dyslexia had been considerably better in college than their experience of school.

Awareness of the counsellor was mixed among participants in the focus groups, with no participants disclosing use of this service. It was suggested that this is a service learners would only be aware of if they or someone they knew required to access it.

"Yeah you tend to forget I mean I'm sure we were told about the counselling service way back at the start but because we weren't needing it at that time then it just goes out your head and you tend to just forget". Female, focus group 8

When discussing services the gym generated the greatest level of discussion. The majority of learners and all staff were aware of the gym and felt that it was a good asset (and selling point) of the college. However, there was considerable confusion surrounding how to access it, whether it was free etc and a general sense that the potential of this service was not being utilised.

"I want to go to the gym but I still don't know where it is, how to enter it, anything like that". Female, focus group 5

“They could promote the gym facilities to the students better than they do. I mean there are lots of facilities there, but I feel students aren’t aware of opening times, can they go, if they can go how much it will cost them, things like that. If they live locally and it won’t cost them anything then they might want to use it”. Staff interview

When asked in the survey what is the best way to inform learners about new services e-mail emerged as the top response. Table 13 outlines other responses.

Table 13: Information about services

| What is the best way to inform you about new services in the college*? | Total % (n=301) |
|---|----------------------------|
| E-mail | 54.2 |
| Posters/flyers | 31.9 |
| Letter | 27.2 |
| Through guidance tutor | 30.6 |
| In prospectus | 24.6 |
| Intranet/website | 23.0 |
| Health stands in canteen/common areas | 20.6 |
| Text message | 17.3 |

Although there was agreement in the focus groups that e-mail was a good way to inform learners about services, the participants also placed strong emphasis on the importance of face to face interaction.

“Letting lecturers know and then they can tell us”. Male, focus group 4

“Get somebody to come round each class and do a 10-15 minute intro and tell them what’s available rather than a piece of paper which they do not read. All it is, is cutting down a tree for nothing”. Staff interview

It was felt that at the moment there is an over reliance on the use of flyers.

“They do advertise, but they advertise in such a way it’s a lot of flyers and notice boards become invisible after a couple of weeks. The students don’t tend to read them; I’ve never seen anybody taking a pamphlet”. Staff interview

The participants that had experienced a member of the student study base input into their class at the start of the year generally had a better awareness of services. This tended to be learners within social care or predominately female courses. International students and those within predominately male courses showed the lowest level of awareness and understanding of how to access services. It was raised by one staff member that learners who attend the college as day release or block release are often ‘forgotten’ by services and are less likely than learners in other courses to be informed about college services.

“I think they should have a better relationship with the majority of students. I mean the student advisors as they call themselves, they forget about the people down on the engineering section, the apprentices, it takes up quite a large portion of the college students, and I don't think they're involved in it at all. I think they feel because they are apprentices they are not students”. Staff interview

A similar issue was raised by learners within Dumbarton Campus. It was felt that because they are not based in Clydebank they are often forgotten about and often don't receive the same services that are on offer in the Clydebank campus. It was highlighted that because they cannot always travel to Clydebank during working hours this limits their ability to access services.

“The only thing I find about this is that it is all based up there. It isn't always that easy to get up there due to transport and where you live. It would be nice for their facilities to come down here some of the time”. Female, focus group 3

3.7.3 Barriers

Across the focus groups and interviews a number of barriers that prevent learners from accessing services and making healthy lifestyle changes were discussed. Many of these relate to the recommendations set out in section 4.8.

Participants stressed that prior to implementing any recommendations it is important for the college to consider how barriers could be reduced or eliminated.

Embarrassment

Embarrassment was raised as an important barrier that prevents learners from accessing services. This relates to situations as diverse as walking into the gym for the first time to discussing a health concern with a guidance tutor.

“You have your tutor support and guidance meetings but a lot of people are embarrassed to go to their tutor if they are depressed cause they will have it in their heads oh I am depressed so I am going to get booted off the course. So they're not going to go and tell them are they”? Female, focus group 9

“We wouldn't go to exercise classes, be too embarrassed. Also we don't really have time to go to classes. We're in every day 9 till 4”. Male, focus group 7

“I would be too embarrassed to use it [counsellor], I've got a bit of pride or something I don't know that male pride thing”. Male, focus group 6

Lack of motivation/culture

Lack of motivation was raised again when discussing barriers. It was felt that not only is lack of motivation an individual problem but indicative of a wider cultural cycle of unhealthy behaviour. Therefore habit and cultural norms alongside low motivation were real barriers to change.

“They wouldn’t use the gym, due to lack of motivation”. Staff Interview.

“Because it is a change people are scared of change, they’re not ready to take that next step”. Male, focus group 2.

“I think in Clydebank, and I can say it because I’m from here, there’s a lot of deprivation in the area and I think there’s a culture to maybe not eat as well and drink too much and all that kind of stuff, you’ve got to think obviously young people are caught up in that”. Staff interview

Finance

It was recognised by the participants that it is more expensive to eat healthily than to eat unhealthily. This, along with other factors, was seen as a key barrier to learners choosing healthier food options.

“It’s dearer being healthy...I know because I have tried” Female focus group 4

“I suppose a lot of healthy eating is all financial, because once that actually come into college, everything is financial, they do struggle financially even if they’re living with their parents they maybe on a course that runs into a lot of expense, so if they’ve got to buy products all the time so they might have to take on a part time job, I think everything is down to finance”. Staff interview

Information/Promotion

The times, when and ways in which services and health information are promoted to learners was raised as a barrier. At the moment lots of information is provided to learners within the first week or two of college and it was felt that this is the time when they are least likely to retain it. In addition, it was felt that there wasn’t enough promotion of healthy lifestyles around the college particularly relating to healthy eating and exercise.

“We do a lot to tell them about extra services but because they have a lot on their plate when they start they are probably not taking any of it in. They are just concerned do I have my time table, is my money set up and where do I go on Monday morning probably not much more than that”. Staff interview

“I don’t think the healthy foods are promoted enough to counteract the fact that everyone wants their fish and chips and pies and beans and whatever. It’s not really promoted enough, there are options there, so you can go in and get healthy food, but with the best will in the world people go for the carbohydrate choice”. Staff interview

Environment/Connectedness

The extent to which learners connect with the college and view it as a place where they can make changes and access support that will impact on their wider health was raised as a potential barrier. The environment of services and the relationship with staff was also raised as important; particularly how learners view services and the extent to which they provide an open, accessible and confidential space.

“I think probably the connection the students have with the college, whether they see it as an environment to make change. You know the whole community approach for schools, the health rate at schools, how the school is very much a part of the community. So whether students see that in the same way or college is much more a means to an end to them as an individual, I don’t know. So that would have to be factored into any design of anything”. External agency

“Someone down there like a mechanic or something I don’t see them approaching their lecturer to say I want to lose weight they might go and say I need some help to deal with money or stress but not weight” Male, focus group 6

“Perhaps we are not giving them the respect they deserve. I think if someone is going to tell you very private things they need to know they have your full attention and that it is private. We perhaps don’t give enough consideration to that”. Staff interview

When conducting the focus groups it was apparent that the experience of the learners involved in the Prince’s Trust programme and those who were based at the Dumbarton campus were different to those at the Clydebank Campus.

These learners tended to speak more positively about their experience of the college. They were considerably more likely to highlight the positive relationship they had with staff and with one another. In general terms the Prince’s Trust participants felt that the college was already meeting their needs because of the way their course was planned and delivered. All of the participants discussed how the course (which was nearing completion) had helped them change as a person by placing a focus on developing their confidence and self esteem.

“The main thing that I have noticed is that everyone has just gained confidence. We were on a residential, week three, and had to give a presentation at the end of it on what we had done and everyone was quite nervous and then last week we had to do another presentation and he was first up completely unfazed”...”Aye when I came in here my confidence was just right down low and then after the course it was right up here”. 2 males, focus group 2

In addition, the Dumbarton group felt that because their campus was smaller they had a better connection with staff and other learners.

“We are having a completely different experience here; the staff are more like friends”...“Yeah you are seeing the faces more regularly so you are getting to know people”. Female & Male, focus group 3

3.7.4 Student Space

The lack of space for learners was a recurring theme that arose when discussing places for learners to eat and relax, opportunities for learners to meet and interact and the delivery of services.

Participants in the focus groups highlighted particular concerns about the lack of areas for learners to eat their lunch and generally relax and socialise. It was raised that the canteen is the only social space available to learners and that at lunchtime

and other break times this is very busy. Due to this many learners have to sit in the communal areas such as corridors and stairwells where there are no seats.

“We are not allowed to eat in the classrooms and we can’t go outside because it is very cold and the refreshment bar is very full most of the time so we just hang around as we don’t know where to go”. Female, focus group 5

“You need to sit on the floor it’s ridiculous” Female, focus group 9

The lack of student space was not only an issue in the Clydebank Campus but the Dumbarton Campus. Within this group it was highlighted that there is no area to eat a packed lunch as they are only allowed to eat purchased food in the canteen and the canteen is not always open.

“Food wise the wee cafeteria is fine but you’re not able to sit in the classrooms, I think there should be another area so if you want to bring a packed lunch or just sit down you can go there”.

These findings were supported by the perceptions of the staff who commented on learners having nowhere to go within the Clydebank campus.

“If you walk around at lunchtime to the places the students are congregating there is nowhere for them to sit. They sit on lower ledges and even on the floor. I actually feel sorry for them”. Staff interview

“The main thing is space for students, I mean having areas where they can just relax and chill and they’re having a student experience, rather than going from class to class and getting herded into the canteen and then going back to class kind of thing”. Staff interview

Participants commented on the design of the main building with very long corridors and services located at one side of the college or the other – not connected or close to one another as had been the case in the old college. It was felt that this meant that learners were less likely to access services. There was an overall impression that the college had not been designed with the needs of learners in mind.

“It seems to be weighted on one side or the other like the library and all that are over the other side; all of these things should have been in the middle then you would be more tempted to use them”. Female, focus group 6

“I also don’t think the college is very student friendly it’s not a user friendly building. The lack of social space is a huge problem”. Staff Interview.

It was not only communal space that was discussed there were also a number of comments relating to classrooms. Classrooms were often described as ‘impractical’. Specific examples of this were rooms with full glass walls but very small windows which meant they became very warm. Learners’ being unable to access classrooms without the ‘permission’ of staff was also raised in the majority of focus groups. It was felt that this patronised learners and created an impression that they were untrustworthy.

“Space would be number one really, aye it’s too compact. It’s just a shame it’s such a new building that looks really smart from the outside, but when you come in it’s just wee box rooms.” Male, focus group 7

“Sometimes you feel like you are in primary school you walk past and there is a tutor who has seen you everyday for 6 months and you go can you open the classroom and they go no sorry we’re not allowed and it’s like oh come on we’re not kids. I can’t be bothered with that side of it, its like let us into the room we are really not here to trash it or steal the blinds”. Female, focus group 8

Some specific issues were raised by students that have a particular need for space because they require changing facilities. The lack of changing facilities was seen as another example of the college not being designed to meet the learners’ needs.

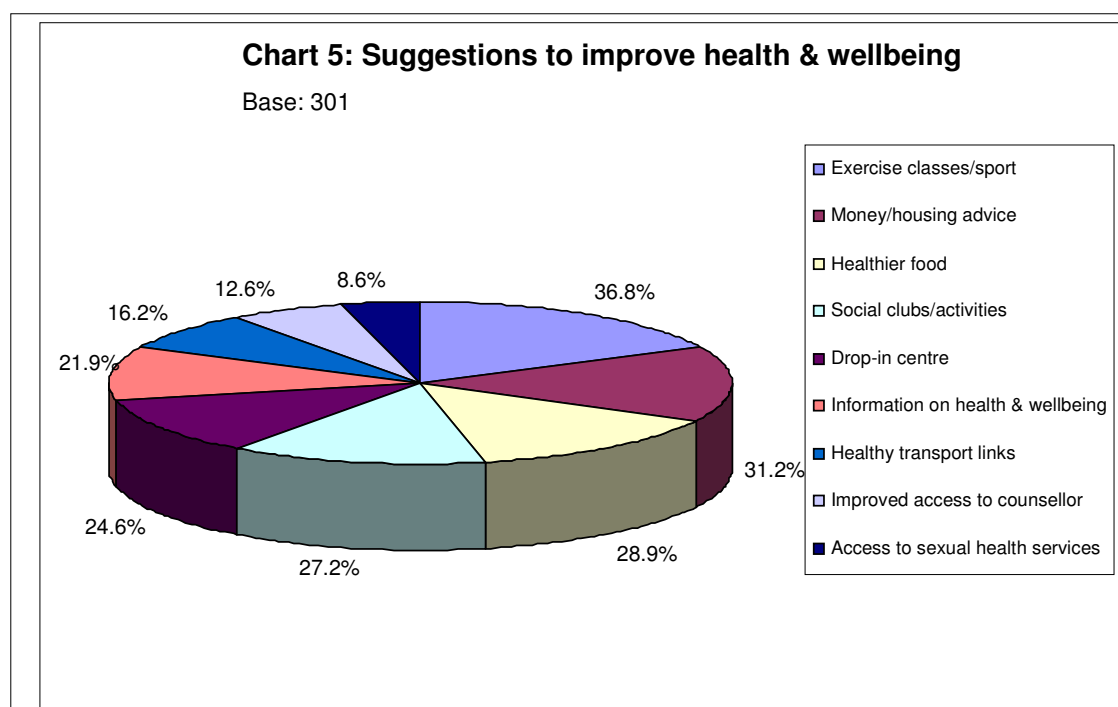
“We need to get changed outside in the halls, into our overalls. Some of us don’t like wearing our jeans under our overalls, so we have to get down to our boxers in the hall. Lecturers complain that we shouldn’t be stripping off. I don’t see them wearing jeans under their overalls”. Male, focus group 7

Participants considered the lack of space for learners in direct comparison to other colleges and universities where there are large communal spaces for learners to meet and congregate. It was felt that that the extent to which learners have space to meet and congregate impacts on the connectedness they have with their institution (college or university). The participants recognised that many of their suggestions on ways the college can better support learners to make healthy lifestyle choices would require space. Therefore the need for the college to consider the lack of communal space and ways that more space could be created was felt to be crucial.

“I think college needs to identify with the problem of the social space first. Until the students have a place they can call there own and start meeting as a body of students they’re not going to start raising particular health problems”. Staff interview

3.8 SUGGESTIONS FOR IMPROVEMENT

Within the survey learners were asked to indicate their preference for ways that the college could help to improve the health and wellbeing of learners. As outlined in Chart 5 the most frequent response was the provision of exercise classes & sport.



When suggestions for improvement were discussed within the focus groups and interviews there was general agreement with the top responses given in the survey. However, a number of additional suggestions were also provided.

3.8.1 Better Information

Across all groups and interviews there was recognition that before any improvements can be made the college has to improve its communication with learners.

“Making us aware of help, lots of people don’t know about advice zone or other things” Male, focus group 1

“I can only talk about my students who are all young men who like swimming, football, martial arts, and physical sports. The college don’t promote any of it at all.” Staff interview

Previous suggestions such as the use of e-mail and face to face information sessions at the start of classes were re-iterated as the best way to inform learners.

3.8.2 Provision of exercise classes/sport

The provision of more activities was a key issue raised by staff and learners in all groups. Overall males were more interested in football and females exercise classes such as aerobics or kickboxing. Within the focus group with learners with additional support needs it was highlighted that high impact sports are not appropriate or appealing to people that have a number of health problems and/or

older learners. Due to this it was suggested that 'fun' activities that had a health benefit were a more appropriate suggestions i.e. line dancing!

"Outdoor football. They need space. They should arrange competitions. One wee gym and that's it. I thought the gym would be big, state of the art. You can't open the windows in it and the heating is on full blast. You'd be inclined to get more boys to take part if there's a bit of competition around classes". Male, focus group 7

"Aye that would be good I would go to classes and stuff. I asked if there was a kickboxing class but there wasn't but I would go to something like that". Female, focus group 9

It was recognised that more activities would not only provide physical health benefits but mental health benefits. In addition it could help learners feel more connected with the college and one another, particularly if there were competitions or a college 'team' to get behind.

"I think the main thing for this class would be dealing with stress and then things like the gym really does help when you are completely and utterly stressed and you get so bogged down. For that a gym class at lunch time would be seriously good" Female, focus group 8

3.8.3 Food Choice

Although it was recognised that there are many barriers to learners choosing to eat healthier food it was raised that greater variation of healthier food options and making healthier food cheaper may help to inspire greater numbers of learners to eat healthily.

"Juice and sandwiches are dead dear...they should lower their prices. Cause chippies are cheaper in the long run you get more for your money". Female, focus group 4

"Offer free tasters for healthy food or healthy food vouchers at the start of the year; like 20p off healthy food". Learner, focus group 10

"Proper salad bar...there is no inspiration to be healthy". Female, focus group 8

"Health wise I think there could be a variation in food, vending machines, and you go down everyday and it's the same old soup, same macaroni and fried fish and all that kind of thing and I think definitely a wee bit of variation would be great". Staff interview

3.8.4 Social Events

The final issue that was raised by the majority of participants in the focus groups and many staff was providing more social events for learners. This issue linked with the provision of exercise/sport. The underlying benefit of this was considered to be increasing learners' connectedness with the college.

"I mean there isn't even a football team or a competition it is just study, study, study...we need something else". Female, focus group 1

“There isn’t a social aspect of being at college where as uni there is you think lets go to uni and meet new people where as for college you just come and then go up the road. If you could make it more sociable people might have more motivation. Even if you think oh this class is rubbish at least you know you can meet friends after”. Male, focus group 6

“There are no events at the college... have such a big space out the back should have a summer barbeque”. Female, focus group 8

Learners with additional support needs could see additional benefits to this as it was felt that potentially it would help learners with different backgrounds and experiences to come together and meet. This in turn would help to promote tolerance and understanding of difference.

3.8.5 Health Events

Learners and staff were asked if they were aware of health events that take place within the college i.e. no smoking day, world AIDS day etc. Overall, awareness was greater among staff than learners. This was partly due to the effort of the college to gain accreditation of the Scotland Health at Work award. Although this award has led to a number of initiatives being run in the college there was some recognition that these were often directed towards staff rather than learners.

“We have worked hard to get the SHAW award and so we have to maintain that. So we need to do lots of initiatives, local and national initiatives like there will be a no smoking event and a breast cancer day event...They are meant to be for staff but I can’t see why you can’t include students”. Staff interview

These findings were further supported by the experience of external agencies who reported that although many health events are successful in the college, generally learners will stumble across them rather than actively seek them out.

“They probably stumble across them [health events] and how many students are actually directly involved in any initiatives I wouldn’t know, but in terms of events that we’ve run, they’ve been very successful compared to other health fare type events, just because there are so many young people there, a target audience.” External Agency

Despite the lack of experience of health events all of the participants felt that these were a good way to promote health issues to learners. It was suggested that due to the staggered timetables of different courses and many learners having one or two days off from college, these events may be more successful if they were held over a longer period.

“Should have like an open day or induction day when you first start at the college”. Female, focus group 3

“Instead of a day you could have something over a week rather than just a big one off day. Maybe even a smoker’s month”. Male, focus group 6

3.8.6 Drop-in Service

Establishing a drop-in service where learners could access health information and advice was suggested by some staff and participants in three focus groups. Among the staff and in one focus group this was discussed as a potential way to minimise learner absence as services would be on-site and potentially offering a permanent support base that could co-ordinate other health activities.

“It would be nice to have a room that has notice boards with information solely on drugs and alcohol and then another with information on mental health. Could also have a person there at a set time or something”. Female, focus group 3

It was felt by staff that this type of service would be most beneficial to learners that have on-going health problems or concerns.

The additional two focus groups were with international learners who felt that it would be useful to have an international student information service and/or student association. This was linked to their need for information not just on college but activities in their wider community. Many had very little idea of where things were locally and what activities they could get involved with. It was felt that an international student service could help to better integrate international learners; including providing opportunities to mix with Scottish students and see different areas of Scotland and providing specific services such as additional English classes.

3.8.7 Additional Suggestions

Other suggestions were given by participants in one or two of the focus groups and include:

Money Advice: This issue came out highly in the learner survey but was only discussed by a small number of participants. This focused on the lack of money management skills and the difficulties this could bring when given a large amount of money in a bursary. Learners discussed spending all of the money in the first week and not managing to make it last.

Study skills/stress management: The experience of getting good study skills support was very variable; with participants in one focus group stating that they received very good support from their lecturer to others that felt they received none. There was a suggestion that study skills should be introduced at different times throughout the year and should include techniques for dealing with stress.

4.0 DISCUSSION & RECOMMENDATIONS

The key issues which have emerged from the findings in this report are:

- Comparisons the West Dunbartonshire study
- Gender differences
- Discussion of health issues
- Importance of environment and social connectedness
- Information on services and health information
- Needs of equality groups

4.1 COMPARISONS WITH WEST DUNBARTONSHIRE STUDY

Prior to carrying out this needs assessment a decision was made that the survey would not incorporate information on health behaviours as the focus would be on learners perceptions of their general health, information and services. This was partly due to two recent health behaviour surveys being completed in West Dunbartonshire.

It is interesting to note that some of the headline findings of this needs assessment mirror those of the West Dunbartonshire Health & Wellbeing report (RBA, 2005). Within the West Dunbartonshire report respondents perceptions of their general physical wellbeing were similar to this report with 69% of respondents in the West Dunbartonshire report indicating 'positively' and 70.1% in this report indicating 'excellent' or 'good'. Similarities can also be found with perceptions on general mental and emotional health with 75% in the West Dunbartonshire report indicating 'positively' and 75% in this report 'excellent' or 'good'.

In addition those reporting illness/disability were similar with 26% of respondents to the West Dunbartonshire survey indicating that they have a longstanding illness that interferes with their daily life and 28.2% of respondents to this survey indicating that they have an illness or disability that is likely to go on for 6 months.

4.2 GENDER DIFFERENCES

Across this needs assessment gender differences emerged with females reporting poorer health and wellbeing outcomes than males across a number of issues.

Across all measures for mental health and wellbeing (WEMWBS scale and general questions on quality of life and mental and emotional health) females rated more poorly than males and were considerably less likely to indicate the top response i.e. 'excellent'. This difference is further compounded with females more likely than males to indicate that they were worried about a wide range of health and wellbeing issues, to have caring responsibilities and being more likely to experience illness or have a disability and be effected by this.

When considering the potential implication of this gender difference it is important to factor in that a greater number of female respondents took part in the survey and that older respondents in the survey were more likely to be female. However, although age can account for some of the gender differences; such as more (older) females having experience of illness, it is not an indicator for other factors such caring responsibilities and the likelihood of illness or disability impacting on daily life.

It is also interesting to note that unlike other surveys, particularly the West Dunbartonshire pupil survey where females were more likely to report having a trusted confidant, in this survey females were slightly less likely than males to say that they had someone to talk to in college about health issues or concerns.

Unfortunately, due to the analysis of the survey taking place at the same time as the focus groups (rather than before as initially planned) these gender issues were not fully explored within the focus groups. However, some gender differences did emerge in relation to the views expressed by participants on the extent to which external factors, including support from the college, could impact on health issues such as depression and missing college/classes due to lack of motivation.

Females (with the exception of international learners) were more likely than males to state that external factors could have a positive role in supporting learners who were experiencing difficulties such as depression or lack of motivation. This may indicate that female learners would be more receptive to accessing support structures implemented by the college. Although it is important to acknowledge these gender differences these findings raise broader issues such as whether women are more likely to admit to health problems and concerns than men and whether women are more likely to access services and support for health problems and concerns.

In 2007 the Scottish Executive commissioned 'A Gender Audit of Statistics: Comparing the Position of Women and Men in Scotland' (Breitenbach & Wasoff, 2007). This report indicates the gender inequalities that continue to exist across key areas of social and economic life. The report outlines that in the past three Scottish Health Surveys (1995, 1998, 2003) women have been more likely to report low levels of psychological wellbeing than men. The gender differences are more pronounced in relation to the prevalence rates for anxiety and depression; with women twice more likely to be suffering from both than men. However, unlike this survey the past three Scottish Health Surveys have shown very little difference between men and women's self assessment of health and long standing illness.

When exploring access to services the 'Gender Audit of Statistics' report indicates that women are more likely to access GP services than men. There is some suggestion that women's increased contact with health services could be explained through the reproductive needs of women which tends to bring them into contact with services more frequently and throughout their adult years.

Overall the findings from this study are similar to those found elsewhere in relation to women being more likely to report health concerns and worries, being more likely to suffer from poor mental health (particularly depression and anxiety) and being more likely to access support services. It is important that Clydebank college reflects on these differences whilst also considering that despite women appearing to have poorer health prospects the evidence still suggests that it is men who report more concerning health behaviours i.e. smoking rates, alcohol consumption etc and have higher morbidity rates.

Recommendation: Clydebank College should consider gender issues when developing new services and/or when promoting services in the college.

4.3 DISCUSSION OF HEALTH ISSUES

Throughout this needs assessment it was apparent that some health topics (and suggestions for improvement) were more readily discussed in the focus groups than others. One example of this is that although mental health issues were a

reoccurring theme in the survey results i.e. concerns about exam/study stress, depression second most common illness experienced by learners etc , generally there wasn't widespread discussion of mental health issues, and even less use of terms such as depression or mental health problems, in the focus groups. At times it seemed that some of the discussion on 'lack of motivation' being a reason for missing college was actually a discussion on anxiety or depression being a reason for missing college; but using language participants felt more comfortable with.

Overall, participants got more involved in discussion about fitness and health eating. It was clear from the discussion on recommendations that participants could clearly understand how the college could impact on issues such as healthy eating and fitness – the two largest areas of the college are the canteen and the fitness centre. Potentially it was less obvious how the college could impact on other health concerns. An example of this was the overall low rating of sexual health as an issue that learners are concerned about and/or would like information on. This finding is contrary to other health surveys – particularly those with young people – where sexual health rates highly as an issue people want information on.

These issues raise two interesting questions. Were focus groups participants more comfortable discussing less 'sensitive' issues such as diet and fitness than others such as depression and mental health? and is this reflective of a wider issue of learners not associated college as a place where "medical" issues such as sexual health or mental health can be discussed or dealt with? It is impossible to answer either of these questions within this study. However, it is worth noting that potentially the methods adopted in this needs assessment were not the most appropriate for depression or sexual health being explored more fully. Any future exploration of this may require learners to be more aware of how the college could support them to make healthier lifestyle choices that impact on their mental and sexual health.

Recommendation: Further work may be required to explore more 'sensitive' health topics such as depression and sexual health. Prior to this Clydebank College should consider what terminology is used to promote services that help individuals deal with mental health issues to maximise use of these services.

4.4 ENVIRONMENT & SOCIAL CONNECTIONS

The importance of culture and environment was identified in the literature relating to healthy colleges and the findings of the focus groups supported the concept that developing a positive environment where learners feel valued and can address their health behaviours is essential for taking health and wellbeing forward.

Within the Health Promoting College report (James, 2003) emphasis is placed on the role of guidance tutors. This relates not only to the provision of information but the key role tutors can have in creating a supportive and empathetic environment. Within the Healthy colleges report (Escolme et al, 2002) the role of culture & environment is again highlighted. Once again this touches on the provision of information but also makes a clear link to the importance of ensuring that the needs of all learners are considered; and how the environment of the college reflects these needs.

Within the focus groups and staff interviews in this study the issue of culture and environment reflected the findings from the above reports but further developed this

concept and clearly linked it to the importance of building strong relationships and social connections between learners and between the college and learners.

It was clear that the learners themselves placed a lot of importance on the extent to which they felt connected to other learners and the college as a whole. It was particularly interesting to note the broad range of experience among the learners of their guidance tutor. The experience of learners was not equitable across the college with some citing very positive relationships and others no relationship at all. Where there was a positive relationship with a staff member this was highly valued by the learners.

Across the focus groups the learners suggested the need for more social activities within the college ranging from football teams to coffee shops or bars. It was felt that some of these would give direct health benefits by increasing physical activity levels; however more importantly it was felt that each of them would help to improve learners' social connectedness with the college and each other. It was felt that this could have positive implications for an individual's mental and emotional health as well having a positive impact on the likelihood of them making healthier lifestyle choices.

The issue of environment was closely related to the impact of the newly built college. Although some participants did appreciate working and learning in a light and bright college overall participants' were disappointed that the needs of learners were not more clearly identified and considered when the new building was designed. The lack of student space was raised by learners and staff alike and related to information points, eating facilities, sport opportunities, class organisation as well as future events and facilities. The underlying message when student space was discussed was that potentially a good opportunity had been missed. It was with some concern that the 'fixed' nature of rooms and space was raised in relation to meeting the ongoing needs of learners in a flexible way.

When the issue of culture and social connectedness was raised by staff and external agencies they felt that it was important to contextualise the health behaviours and choices of learners in relation to their social background. In particular staff highlighted the additional barriers that learners can face when they come from areas of social deprivation where unhealthy eating habits amongst other behaviours are the norm and are not a priority. It was also felt that some learners may not associate college with somewhere to make positive lifestyle changes.

Recommendation: Clydebank College should look to develop social organisations and activities by exploring models that are currently used in schools and universities to engage learners and encourage social clubs, sports and activities.

Recommendation: Clydebank College should monitor the current use of rooms with the intention of exploring the potential creation of communal space for learners.

4.5 INFORMATION ON SERVICES AND HEALTH INFORMATION

As has already been highlighted, information is outlined in the literature as an important issue for improving the health and wellbeing of learners. This emerged as the key point in this needs assessment. Many participants highlighted that a lack of information on services and health topics was a major barrier to learners accessing services or making healthy lifestyle choices. The lack of information took many forms

from learners being unaware of services to being uninspired to make new or different lifestyle choices.

There was widespread agreement that the provision of information is an activity that requires to take place throughout the college year; not just at the start when many learners feel bombarded with information. It was raised that information can and should take different forms; not just health leaflets or the use of notice boards. Many innovative suggestions from the use of e-mail and the web to health information 'weeks' were given. However, within the focus groups an importance was placed on face to face interaction and the role of the guidance tutor.

The importance of information to be provided to all learners and staff was highlighted with specific emphasis on the needs of some equality groups.

Recommendation: Clydebank College should develop and implement a communications strategy for the on-going provision of information to learners throughout the college year. This should take into consideration the needs of different learners including those who are not based in Clydebank campus.

Recommendation: Clydebank College should develop innovative and on-going health initiatives which promote healthy choices and inspire learners to make healthier lifestyle choices.

4.6 EQUALITY GROUPS

When conducting the focus groups it emerged that two groups of learners within the college had particular needs; international learners and learners with additional support needs. Although the specific needs of the learners were different it was interesting to note that one of the main suggestions given by both was to increase the opportunities for learners from different backgrounds to meet and socialise. For international learners this would have many practical, as well as social, benefits such as helping their English skills. For learners with Additional Support Needs their request was simply to ensure that differences were celebrated and to further ensure that all types of discrimination (including indirect) has no place at Clydebank college.

Recommendation: Clydebank College should promote and celebrate their commitment to diversity as represented through the broad range of learners that attend the college from different cultures and countries.

Recommendation: Clydebank College should consider how best to meet the needs of their international learners, including developing links to community based support structures.

5.0 REFERENCES

Alcohol Concern (2004) Drugs: Guidance for Further Education Institutions. Drugs & Alcohol Education & Prevention Team

Breitenbach, E & Wasoff, F (2007) A gender audit of statistics: comparing the position of women and men in Scotland. Scottish Executive Social Research.

Braunhotz et al (2007) Well? What do you think? The Third National Scottish Survey of Public Attitudes to Mental Health, Mental Wellbeing and Mental Health Problems. Scottish Government Social Research.

Create Consultancy (2007) A Review of Current Teaching on Hepatitis C in Scottish Educational Establishments. NHS Health Scotland.

Doherty & Dorris (2006) The healthy settings approach: the growing interest within colleges and universities 'Education and Health' 2006, 24:3, 42-43

Escolme, James and Aylward (2002) Healthy Colleges, a study report into how further education colleges can promote health and wellbeing. NIACE.

James, Kathryn (2003) A Health Promoting College for 16-19 year Old Learners. NIACE

NHSGGC (2006) West Dunbartonshire Pupil Health Survey. West Dunbartonshire Community Health Partnership.

NHSGGC(2005) Greater Glasgow Health & Wellbeing Study: West Dunbartonshire Report. Greater Glasgow & Clyde NHS Board and the West Dunbartonshire Partnership.

Polymerou, Apostolos (2007) Alcohol and Drug Prevention in Colleges and Universities: A Review of the Literature. Mentor Foundation.

SALSUS (2002) Smoking, Drinking and Drug Use among 13 and 15 year olds in West Dunbartonshire. Scottish Executive.

SALSUS (2006) Smoking, Drinking and Drug Use among 13 and 15 year olds in West Dunbartonshire. Scottish Executive.

West Dunbartonshire Community Health Partnership Development Plan 2007/08 – 2009/10 www.nhsggc.org.uk

West Dunbartonshire Community Planning Partnership 'Our West Dunbartonshire Community Plan 2007 – 2017 www.westdp.org.uk

The Warwick-Edinburgh Mental Well-being Scale

www.healthscotland.com/understanding/population/mental-health-

[indicators.aspx](#)