HEALTHY UNIVERSITIES, PEOPLE, AND PLACES

EXPLORING INSTITUTIONS' POTENTIAL IMPACT ON STUDENT, STAFF AND COMMUNITY WELLBEING

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EXECUTIVE SUMMARY

This evidence review summarises existing literature on how universities can contribute to the health and wellbeing of communities in and around their estates. Our approach begins by questioning what is meant by 'health and wellbeing' and describing existing frameworks for both direct action and working in partnership (through University-NHS partnerships and heath networks). The review also explores mental health and wellbeing, covering the experiences of students, university staff, and the role of universities in wider community health.

In general, there is substantial activity and best practice guidance in this space based on practitioners' experiences. However, evidence of the impact of different approaches on health outcomes for students, staff and local communities is limited, presenting clear opportunities for further research.

INTRODUCTION

Universities have a long history of increasing knowledge of the human body and mind, and of our social environments. By training, as well as collaborating with, health practitioners alongside government bodies, universities support positive health interventions. With 2.75m students and around 225k staff in higher education institutions (HEIs) in 2020-21, universities have significant potential to contribute to improving overall public health (HESA, 2023).

Universities may focus on doing this through academic excellence and teaching. However, this paper proposes ways to promote and enable better health amongst affected stakeholders through 'placemaking', which for this evidence review means shaping local conditions to help people thrive and manage their mental and physical health. Understanding evidence on the potential impact of the 'civic' university regarding health and wellbeing therefore goes beyond direct medical practice.

OVERVIEW OF EXISTING EVIDENCE

This review explores existing evidence on the impact (and potential impact) of universities on health and wellbeing. However - especially beyond their four walls – this is not clearly defined: what, exactly, do we mean by health and wellbeing?

Measuring the health of the population has long been an indicator of whether local institutions, organisations and government have improved the lives of other people. Yet simple measures, such as life expectancy and rates of child mortality, only partially capture people's quality of life. The concept of 'wellbeing' has become popular in recent decades, as a term capturing the many dimensions that make up the 'good life' (Atkinson, 2013). Modern measures typically cut across many domains, from subjective wellbeing or 'happiness' to more objective measures, such as educational achievements (Office of National Statistics, 2011).

A national debate run by the Measuring National Wellbeing Programme at the UK Office for National Statistics identified ten domains of national wellbeing:

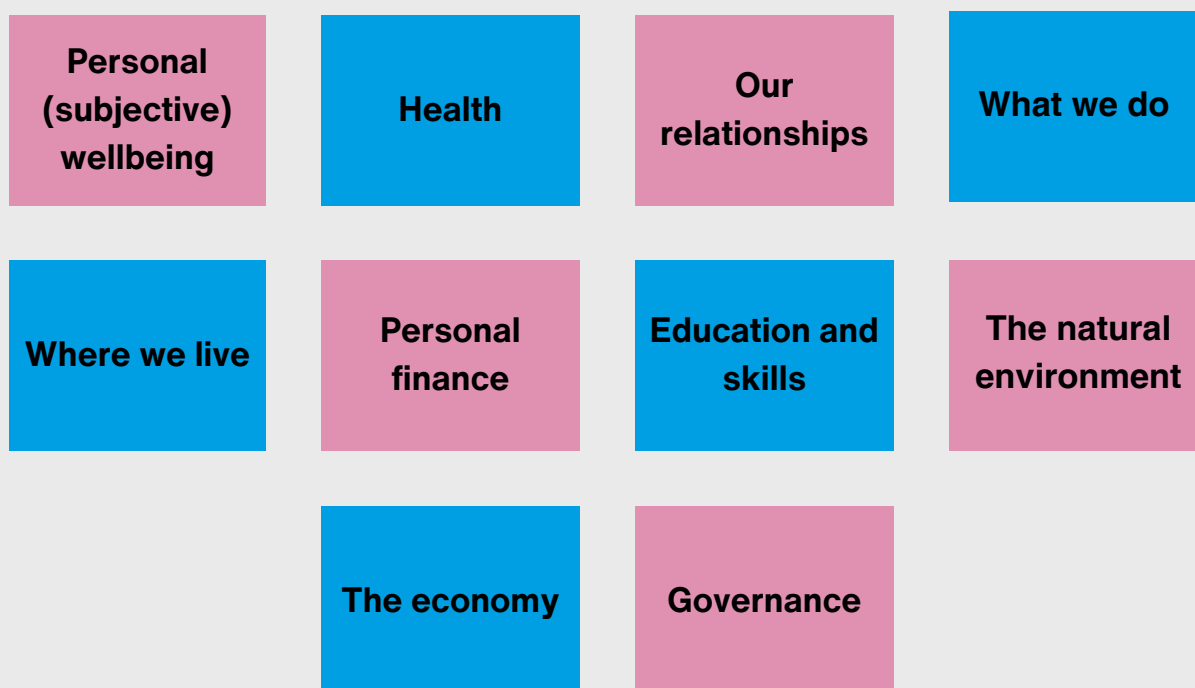|			
Personal (subjective) wellbeing	Health	Our relationships	What we do
Where we live	Personal finance	Education and skills	The natural environment
	The economy	Governance	

Fig. 1 Domains of UK national wellbeing (ONS, 2011)

This review primarily focuses on individual wellbeing as it relates to 'health', but this is also a contested concept. 'Health' may be defined by the presence or absence of disease or impairment, though this viewpoint has been criticised for its narrow assumption about what a good or 'healthy' life can look like (eg Sartorius, 2006). The World Health Organisation, amongst other major bodies, has noted the role of social environment in influencing health outcomes (WHO, 2023). Particularly when considering disability, a strong body of literature highlights that the attitudes and structures of society determine whether someone is able to fully participate in that society (Goering, 2015).

It is also essential to consider the social determinants of health to understand why health outcomes differ significantly by region, race, class and more (Marmot et al., 2020). The social determinants of health, and a university's impact on these (contributing to, for example, the economy, the presence of discrimination and structures of oppression, access to social connection and artistic/cultural assets), is therefore relevant to any interrogation of the evidence. But, as these social determinants are covered by other civic university themes such as economic, social and cultural impact, they are not prioritised in this review.

This evidence review focuses on the areas of health and wellbeing where universities can play a direct role, as opposed to the determinants of health. It considers:
- frameworks for a 'healthy' university and the contribution of universities to health and wellbeing
- who universities might partner with to improve health and wellbeing outcomes
- mental health and wellbeing, and the role that universities can play supporting their staff, students, and local community
- the role of universities in promoting health literacy.

1. What is a healthy university?

What could a 'healthy' university look like? University health strategies could seek alignment with the priorities of other health institutions, such as the NHS, the voluntary and third sector. Alternatively, university health strategies could choose to promote their own healthcare priorities, either exclusively for their students and staff, or also for local communities, creating a large scope of potential action.

The Healthy Universities Network, currently convened by the University of Central Lancashire, is a free membership organisation supporting higher education institutions to develop and implement holistic approaches to health, wellbeing and sustainability. The network has coined the idea of a 'Healthy University', which it defines as a university that 'adopts a holistic understanding of health; takes a whole university approach; and aspires to create a learning environment and organisational culture that enhances the health, wellbeing and sustainability of its community and enables people to achieve their full potential' (Healthy Universities, n.d.).

The network proposes three overarching aims for Healthy Universities:
- To create healthy, supportive, and sustainable learning, working, and living environments for students, staff, and visitors.
- To increase the profile of health and sustainability in the university's core business: learning, research, and knowledge exchange.

- To connect with and contribute to the health, wellbeing, and sustainability of the wider community.

(Healthy Universities, n.d.)

The Royal Society of Public Health commissioned the University of Central Lancashire and Manchester Metropolitan University to articulate a framework for Healthy Universities in 2010 that draws on settings-based approaches to health promotion taken by other actors (such as cities), and applies them to the higher education sector. The 'healthy settings' approach goes beyond the possible settings of healthcare delivery (which often focus on addressing symptoms of illness) to recognise that settings where people 'live their lives' are crucially important in determining overall health and wellbeing (Dooris et al, 2010). This approach asks how settings themselves can promote health. The network therefore adopts a holistic understanding of health, which includes a learning environment and organisational culture that enhances the health, wellbeing and sustainability of its community and enables people to achieve their full potential (Dooris et al, 2010).

This contributes to a model for a 'whole university approach', posited by Dooris et al (2019) as the foundation of the Healthy Universities Network. The model can be thought of as a 'theory of change' where population health and wellbeing are underpinned by principles such as equality and diversity, sustainability, participation, and empowerment, amongst others. The idea is that dedicating resources - including knowledge and financial and environmental resources - can lead to outcomes such as healthy environments, the integration of health across knowledge work, and contributing to better health, wellbeing and sustainability at all levels. The overall impacts predicted by Dooris et al are improved performance, greater capacity to contribute to public service agreements, net improvements in institutional impacts on health and environmental sustainability, and more engaged students and staff, positively influencing as local and global citizens (2019).

Although the Healthy Universities Network provides guidance for the adoption of this framework within universities, its impact on place is unclear. The Healthy Universities Network encourages universities to evaluate their work, collect evidence of effectiveness, and share their learning. However, the results of these individual evaluations are yet to be published (Healthy Universities, n.d.). An overall evaluation of the Healthy Universities Network has captured value to members, particularly regarding increased communication and collaboration thanks to networking activities (Dooris et al, 2019). Furthermore, the network can provide thought leadership, drawing on an international perspective (Dooris et al, 2019). However, the impact of the Network is limited by staff capacity to contribute, which in turn is influenced by the lack of institutional commitment and prioritisation of health strategies (Dooris et al, 2019).

Further conceptualisation of the role of universities in health and wellbeing has been undertaken by the Okanagan Charter, an international charter for universities and colleges looking to promote health. Drafted by representatives from 45 countries, the charter calls on universities to "'embed health into all aspects of campus culture, across the administration, operations and academic mandates' (International Conference on Health Promoting Universities and Colleges, 2015). It also calls for collaborative action locally and globally. Taking a settings and whole systems approach, its general framing is similar to the Healthy Universities Network. Although the charter provides a valuable framework and language for health promotion, there is limited evidence of its impact on health and wellbeing outcomes. This has been evaluated in Canada only, finding an evolution from a 'student-centric focus to a systems approach' (Squires and London, 2022). However, the results of the evaluation focus on the progress of 10 universities in implementing the recommendations of the charter, and not on the impact of the approaches.

For universities to embrace a role in improving health and wellbeing, they need appropriate strategies, guidelines, and policies. This also helps define the kinds of 'impacts' that might be evidenced when comparing the relative efficacy of these models. Although there is some progress in conceptualising health-promoting universities, this does not replace the work that universities need to do to contextualise their health strategies in reference to their strengths, assets and the needs of their students, staff, and local community. Furthermore, frameworks remain limited in their usefulness if they do not translate to action and produce a positive impact.

2. Who can universities partner with to improve health and wellbeing outcomes?

Universities are important health anchor institutions, which are large organisations whose long-term sustainability is connected to the wellbeing of the populations they serve (HALN, n.d.). Universities have the potential to contribute to health and wellbeing in their places by partnering with other local anchor organisations, such as the NHS, businesses, and charities. The aim of these partnerships can range from providing training and bolstering the talent pipeline to partnering for research and innovation in health. Additionally, universities may join networks to take part in peer learning and accelerate the impact of their health strategies.

2a. University-NHS partnerships

As the UK's most important health anchor, and with a far-reaching presence, the National Health Service (NHS) is a key partner for universities. Since 1948, UK medical degrees have responded to the needs of the NHS, producing graduates who are ready to join their workforce (Medical Schools Council, 2018). However, the NHS has growing staff shortages, with the number of vacancies in the NHS and

social care sectors increasing between 2020 and 2022 to nearly 134,000 unfilled positions, representing 9.7% of the NHS workforce (Waitzman, 2022). These staff shortages affect the quality of services provided, and have negative effects on patients (Waitzman, 2022). This raises questions about the university-to-NHS talent pipeline, and the potential role that universities might play in promoting health professions. To this aim, Health Education England (HEE) is working with universities to support more than 5,000 new undergraduate places in nursing, midwifery, allied health professions, dental therapy, and hygienist courses (Waitzman, 2022). However, it may not be enough to simply open more spaces on health courses, and may require joint efforts between the HEE, NHS and universities to promote health professions as a desirable career path.

Aside from training health professionals, universities work with the NHS on health research and development to contribute to public health knowledge. Since the 1950s, the NHS has communicated health priorities to universities to influence teaching and research priorities (Medical Schools Council, 2018). This is to ensure that universities can play a role in generating the knowledge, skills, and technology necessary to address pressing issues that the NHS faces (Medical Schools Council, 2018). The influence of the NHS on university teaching and research has evolved, shifting towards integrated models of partnership, collaboration, education, and health delivery (NHS Medical School Council, 2018).
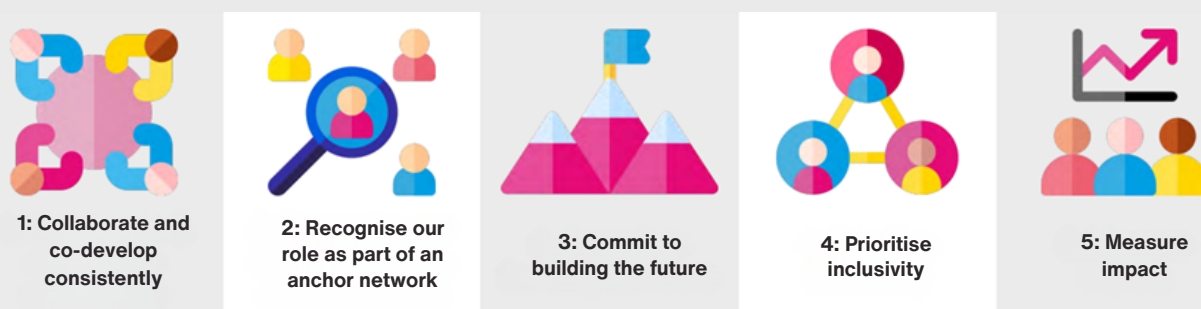
Since 2013, NHS England has established 15 Health Innovation Networks across England to connect universities, local authorities, the third and private sector, with the aim of improving patient outcomes (NHS England, n.d.). Health Innovation Networks accelerate and scale health innovation and technology to target specific health and wellbeing needs at a national level, but they also deliver local programmes to address community needs and challenges in specific places (NHS England, n.d.). Although Health Innovation Networks regularly publish case studies and research findings, a gap remains in evaluating the impact of specific projects, and of the initiative overall.

As health systems and local NHS commissioning bodies evolve, delivering services through integrated models, there are opportunities for universities to become more involved in collaborative working with local anchor institutions. As part of changes to NHS commissioning, Integrated Care Systems (ICSs) were set up to bring parity across sectors, including universities, the third, public and private sectors. As opposed to the Health Innovation Network's focus on research.

ICSs focus on integrated care strategies and pathways for patients, linking different health and care services. Potential activities for universities within ICSs range from providing services and activities to NHS patients to taking up commissioned research, potentially with voluntary sector (VCSE) involvement, and students taking part in learning opportunities across organisations (Civic University

Network and NHS Confederation, 2021).

The Civic University Network and NHS Confederation have published guidance on partnerships between universities and ICSs, setting out five principles for engagement – outlined in the graphic below (2021). However, the variety in potential activities across ICSs means guidance is top-level and not very concrete. Additionally, because ICSs are young, there is limited evidence of what is working in practice, and what their short- and long-term impacts are on local health and wellbeing outcomes. Regardless, this new collaboration structure presents clear opportunities for universities to increase the scale and impact of health activities.

| 1: Collaborate and co-develop consistently | 2: Recognise our role as part of an anchor network | 3: Commit to building the future | 4: Prioritise inclusivity | 5: Measure impact |

Five principles of partnerships between Universities and Integrated Health Systems (Civic University Network & NHS Confederation, 2021)

SPOTLIGHT ON PLACE
COLLABORATIVE NEWCASTLE

Collaborative Newcastle is a project developed in partnership with Newcastle University and Northumbria University, with a focus on improving the health and wellbeing of residents in Newcastle. The universities work with NHS bodies and local organisations to tackle health inequalities in a preventative way, contributing to understanding the broader determinants of health affecting residents. Both academic institutions draw on their staff research activity and expertise to support action- and evidence-based work.

Outcomes include a successful social prescribing system, which takes a more holistic approach to health by connecting people with activities and exercise to improve their health and wellbeing. The Collaborative Newcastle partnership has led to a more integrated health care system and, ultimately, improvements in health inequalities in Newcastle.

2b. Health Networks

England's integrated care approach brings an increasing number of health networks, made up of different actors working together to address health inequalities. As anchor institutions, universities have the potential to connect with and participate in peer learning opportunities with other health organisations and partners, such as local authorities, public agencies, voluntary, community and social enterprise organisations. The Health Equity Network launched in January 2023 to provide an opportunity for organisations across public, private, and third sectors to share their work on health equity, and to engage with others with the same interests. The network addresses a need for organisations and communities to connect and collaborate with those working towards similar health equity goals. However, the novelty of the network means there is not yet any evidence of its impact or whether it is achieving greater collaboration between actors from different sectors.

SPOTLIGHT ON PARTNERSHIP
THE HEALTH ANCHORS LEARNING NETWORK (HALN)

The Health Anchors Learning Network (HALN) was set up in 2021 by Sir Michael Marmot for people responsible for, or interested in, embedding anchor approaches in their roles, centring the impact of health institutions as large local organisations, including:

- Quality work: providing high-quality employment opportunities, including for local people;
- Purchasing for social benefit: procuring supplies and services from organisations with environmental, social, and economic responsibility;
- Using spaces to support communities: widening access to buildings and estates for local people;
- Reducing environmental impact: reducing carbon emissions and waste, while protecting the environment;
- Collaborating with local partners: working with local communities, other anchors, and partners to identify local priorities, increase and scale impact.

The vision of the HALN is to bring together anchor institutions through peer learning, providing resources and a platform for influence and partnership to improve the social determinants of health and help reduce inequalities.

(Health Anchor Learning Network, n.d.)

Although existing health networks may boost collaborative health and wellbeing strategies, there is limited evidence of their effectiveness, especially in terms of translation to improved health and wellbeing outcomes. A report on the first two years of the HALN shows limited participation from universities. Furthermore, much of the content and tools developed by HALN are only accessible through NHS login credentials, a clear barrier to access for universities. Reporting on HALN's impact has focused on growing participation, though the network acknowledges that impact measurement of anchor institutions' activities is still very much lacking (HALN, 2023). HALN describes impact evaluation as 'one of the areas that anchor organisations struggle with the most', limiting the potential to capture the real-world impact of participation in the network (2023). Further research is needed to understand if and to what extent networks such as these facilitate collaboration for joined up health strategies, and whether such strategies lead to improved outcomes for beneficiaries.

3. Mental health and wellbeing

There is a wealth of information and resources available to universities regarding the promotion of mental health, especially student mental health (see: SMaRteN, 2023; Student Minds, n.d.; Office for Students, n.d.). However, little is known about the impact of these approaches on student mental health outcomes.

There is less guidance when it comes to the mental health and wellbeing of university staff and communities, and the range of variables outside universities' control present a challenge to their ability to significantly shift outcomes, especially at a population level. This section therefore primarily explores case studies and examples of best practice.

3a. Student mental health

Within universities, student mental health and wellbeing is a growing priority and concern. In England, mental health conditions disclosed by students to universities have steadily increased in the last 10 years, reaching 5% of students in 2020/21 (Lewis and Bolton, 2023). This represents only a small proportion of undisclosed mental health issues, with a 2022 survey finding 57% of students self-reporting mental health issues, and 27% with diagnosed mental health conditions (Student Minds, 2023). This ongoing mental health crisis contributes to deficient performance, dropping out of university, and self-harm and suicide (Lewis and Bolton, 2023). Therefore, mental health support is increasingly important in how universities care for their students.

Some universities seek to address student mental health by developing their own internal care models that integrate with NHS services and are accessible for

students. This involves delivering and monitoring interventions, so that the most effective, yet least resource intensive intervention is delivered first, and interventions are targeted to individuals based on their need. In the university context, this includes promoting positive wellbeing to all students, targeted prevention interventions for at-risk students, self-help interventions for students with milder difficulties, and improved pathways to counselling and therapy for students with more severe difficulties (Watkins, 2021).

Collaboration with the NHS and community mental health services has been identified as a key driver of effective mental health support. For example, The Office for Students considers student mental health a key challenge on the student journey, requiring an effective response from universities (n.d.). The Office for Students has shared guides for effective practice on a range of related subjects, including suicide prevention, co-creation to develop culturally competent mental health support, and working in collaboration with the NHS.

As part of an evaluation of an Office for Students funding call (see case study below), Wavehill identified partnership working as a way of ensuring 'students have access to the right support at the right time' (2022). However, they warn that ineffective partnership can create gaps between services, which may lead to students having to repeatedly retell their stories to different services, and potentially 'drop off' in the transition between (Wavehill, 2022). Some challenges remain in delivering coordinated strategies for student mental health, including the lack of identification of students within the NHS, challenges in data sharing, shifting priorities in institutions, and lack of a common language (Wavehill, 2022). Although this is valuable guidance on partnership working, longitudinal evidence is needed on the impact of these programmes on student mental health and wellbeing (Wavehill, 2022). Finally, short-term programme-based approaches may treat symptoms, in comparison to long term, sector-wide change that consider factors such as financial, social and academic pressures on students.

SPOTLIGHT ON PURPOSE
MENTAL HEALTH CHALLENGE COMPETITION, OFS

The Office for Students (OfS) provided funding to 10 projects across England to develop new approaches in student mental health support. This was one of three funding programmes aimed at universities, to develop practical and innovative approaches to supporting student mental health. Projects ranged from creating local mental health partnership 'hubs' between universities, the NHS and students' unions, to peer-to-peer models that enable students to support each other.

An evaluation found that the funding achieved change in strengthening strategic partnerships between universities, NHS and community mental health providers, improving access to services for students, including during the transition into higher education, and improving the range of preventative and proactive mental health support available to students (Wavehill, 2022). However, evidence of the impact of these changes on student mental health is limited due to the short timeline of the evaluation, with early findings including improved confidence throughout the transition into higher education (Wavehill, 2022). Furthermore, the funding was found to strengthen organisational commitment among management and delivery staff to student mental health in 88% of participating institutions (Wavehill, 2022).

3b. Community mental health

Universities can contribute to local communities through research and activities that promote positive mental health and wellbeing. As locally-oriented institutions, they have a unique role in improving local mental health and wellbeing (Maeshima, 2022). As part of their health and wellbeing strategies universities can influence public health through both outreach and on-campus activities (Corcoran, 2014).

Universities contribute to the mental health and wellbeing of their communities through a range of activities. Many offer access to arts and culture activities, both in community settings and in the university's facilities, as a route to supporting disadvantaged communities (Robinson et al., 2021). However, there are barriers for participation, such as limited accessibility and inclusivity (Joseph Rowntree Foundation, 2012). Sports and leisure outreach has also been identified as a key route to improving mental health outcomes at universities, including coaching in local schools, and community access to university sports facilities (Robinson et al, 2012).

SPOTLIGHT ON PARTNERSHIP
STORYING SHEFFIELD, UNIVERSITY OF SHEFFIELD

Storying Sheffield is a multi-stranded project based at the University of Sheffield that works with many different groups to learn and produce creative representations of people's lives and identities in the region. It is a university course, where half of participants are second-year undergraduates studying English (for whom the course is an optional module) and the other half are from Sheffield and members of groups who tend to be socially excluded, particularly long-term users of mental health services and/or people with physical disabilities.

In 2021, Storying Sheffield ran the 'Connected Worlds' project, which connected students and people who have experienced mental health difficulties, isolation and displacement, in a supportive and creative space. Art-based activities such as storytelling and painting were used to express and transform people's words and 'worlds'.

(Storying Sheffield, 2021)

A growing body of research evidences the importance of access to green spaces as a tool for mental health and wellbeing (Barton and Rogerson, 2017). Green spaces have been found to 'facilitate interaction and attachment, foster well-being, and increase opportunities for green exercise' (Barton and Rogerson, 2017). In their study with students at Liverpool Hope University, Speake et al. found that most students use and appreciate university green spaces, considering it an 'essential component of the campus environment', and part of the university's image (2013). However, further research is needed to understand the current and potential benefits of green spaces within universities on individuals from surrounding communities. Questions remain about the perceived and actual accessibility of green spaces, and whether the spaces are fit for purpose. Speake et al. highlighted the importance of a variety of green spaces to allow for multiple uses which satisfy the needs of different students (2013).

3c. Staff mental health and wellbeing

As employers, universities have a role to play in the health and wellbeing of their staff. Providing meaningful and decent employment opportunities enables staff members to live healthy lives (Marmot et al., 2021). Achieving this relies on the university offering roles that do not breach working time directives, enable unions, and are paid in line with living wage recommendations (IWFM, 2021).

There is evidence linking pay with staff wellbeing. The Taylor Review of Modern Working Practices highlighted that fair pay is linked to better physical and mental health outcomes for individuals. Employees' knowledge that they can support their family and pay the bills helps to reduce stress and feelings of vulnerability (IWFM, 2021; Taylor, 2017). However, existing evidence is not specific to university contexts, and further research is required to understand how pay and employment practices within higher education can benefit staff health and wellbeing.

The mental health of academic staff at universities is also affected by a range of other factors, including excessive workloads, a competitive working environment driven by audits and metrics, insecure contracts, and pressurising performance management (Morrish, 2019). Although there are recommended actions to reduce the negative impact of each of these factors on academic staff, there is little evidence of action taken by universities and the associated impact (Morrish, 2019).

4. Health promotion and literacy

There is a depth of literature highlighting the role that universities play in developing 'health literacy': the knowledge that individuals have about health and how they can use this to improve their own health and prevent disease and illness in the future (Kuhn et al, 2021). This form of literacy refers to the personal characteristics and

resources needed for individuals to access, understand, and use this knowledge to make decisions about their health (NHS England, 2020).

The most obvious way universities can improve health literacy is through the provision of health-related courses, which is why students from health-related study programs tend to have better health literacy (Kuhn et al, 2021). An opportunity remains to extend health literacy beyond health-related courses.

Social contexts must be considered too, as evidence shows that the health literacy of students is influenced by other factors including age, gender, time spent in education, parental education, and socio-economic background (Kuhn et al, 2022).

The NHS (2020) published a how-to guide outlining ways that health literacy can be improved, which is partly aimed at education institutions. Beyond university-level courses, health information should be promoted to everybody. The NHS (2020) advises that information should be targeted to audiences with a reading ability of 11- to 14-year-olds and for students from diverse backgrounds. This means that, in best practice, information on how students and community members can improve their health must be written as simply as possible, be supported by pictorial information, and be easy to read.

Questions remain about the extent of support universities should provide in addressing health promotion and literacy. For instance, there is an opportunity to explore whether additional support should be provided for students with lower health literacy, taking a more proactive approach to addressing the gender, age, socio-economic, and national divides that exist in health literacy.

SPOTLIGHT ON PARTNERSHIP
ADDRESSING GAPS IN KNOWLEDGE ON HEALTH PROMOTION

A multidisciplinary team from six different universities - Exeter, Oxford, Cardiff, Newcastle, Southampton and King's College London - works to address gaps in knowledge on health promotion in universities. This is a step change away from previous ways of sharing knowledge on health promotion, which tended to be through published findings. The work involves developing existing networks within the NIHR Mental Health Translational Research Collaboration, through a £3.7m grant from UKRI's Adolescence, Developing Minds and Mental Health Scheme to develop and evaluate better service and wellbeing promotion models in universities.

CONCLUSION

Universities contribute to health and wellbeing in their places not just through medical research, programmes and training, but also by shaping environments that contribute to people's health outcomes. Some have accordingly begun to adopt 'healthy university' frameworks that take a holistic, settings-based approach to promote health in university spaces and local communities. Universities are also developing innovative new partnership models with the NHS and health network partners to produce more aligned and integrated approaches.

However, the relative newness of these frameworks and models introduces challenges in identifying and tracking measurable outcomes. Whilst this evidence review has identified examples of best practice, limited evidence exists detailing what features and contexts make a framework or health initiative effective for the intended population.

A similar challenge can be found when exploring universities' efforts to support positive mental health outcomes for students, staff and local communities. Numerous resources are available, especially regarding supporting student mental health, but evidence of impact is limited. In addition, other issues faced by universities, such as financial pressures, may contribute to the mental health challenges faced by staff and students.

For universities to create healthy environments for their stakeholders, greater evidence about the context-dependent effectiveness of different strategies and initiatives is needed. The National Civic Impact Accelerator serves an important purpose here, generating evidence for universities and community stakeholders to identify the best interventions and approaches for their places. In addition, efforts to embed better evaluation and impact measurement in university civic work can be shared more publicly, sharing learnings so more can benefit.

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