



Adult Education: Important for Health and Well-Being

Dr Deirdre Hughes OBE and Karen Adriaanse
University of Warwick Institute for Employment Research (IER)

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Executive Summary

This paper, commissioned by the Institutes for Adult Learning, aims to increase awareness of the benefits that adult education¹ can bring to the nation's health and well-being. It also aims to stimulate further dialogue on how authoritative central and devolved government policies and practices can ensure that adult education remains a strategic priority so that there is increased demand for, access to and take-up of provision.

It is high time for greater recognition of the powerful contribution adult education makes to individuals and families' health and well-being. There is compelling evidence on the far-reaching benefits (World Health Organisation, 2016; UNESCO, 2016; Hughes & Adriaanse, 2016). Over the next fifteen years and beyond, countries will face a complex set of challenges relating to issues such as an ageing population, mass migration, employment, inequality, environmental sustainability and accelerating technological changes. Adult education is "a central component of public policies that can help address these challenges." (UNESCO Institute for Lifelong Learning). The message is clear - individuals who continue to learn throughout life are likely to build additional brain reserves - this can lead to healthier lives and healthy lifestyle choices. The All-Party Parliamentary Group on Arts, Health and Well-being (July 2017) also highlights that arts and creative activities can make an invaluable contribution to a healthy and health-creating society.

So much evidence points to the fact that adult education makes a significant contribution to the health and well-being of individuals and communities. It can be relied upon to assist in addressing national policy challenges such as encouraging and enabling individuals and families to take a more active role in their own health and well-being. However, this added-value contribution is at serious risk of being lost in a policy landscape pre-occupied with apprenticeships, skills and qualification reforms. Devolution presents some real opportunities in local economies to address the skills shortages expected to follow Brexit. But it is important to recognise that there are also other key challenges such as: rising health costs, a shortage of public funding, productivity issues exacerbated by absenteeism from work, and yet most health issues are not caused by physiological problems. There is a danger that any future strategy for adult education might ignore the hundreds of courses that do not end in a formal qualification, yet are hugely beneficial to our local communities and the broader population – especially to people's health and well-being. Our evidence points to the following three key messages:

- 1. Adult education does help keep individuals well and supports longer and productive lives.**
- 2. Adult education does help meet major challenges such as: ageing, loneliness, long-term conditions, mental health and well-being and community cohesion.**
- 3. Adult education does help save money in the National Health Service (NHS) and the social care system.**

What needs to be done?

The numbers of adults participating in formal education is in serious decline in local communities (ESFA, July 2017). Research on income inequality, social mobility and economic growth (OECD, 2015) demonstrates that dedicated provision for adults returning to the first rung of learning is highly important. This maximises engagement, retention and progression for those who might otherwise become lost in the less tailored support offered in Further Education (FE) provision. Four key themes need to be urgently addressed by Secretaries of State, Ministers, policy-makers and providers:

A. Greater alignment of strategic priorities and funding streams

The fact that adult education is a route to improved quality of life for both individuals and families, and can also help prevent health and well-being issues and support recovery from injury and illnesses is highly relevant and should feature in national and local strategic priorities.

- There is a need to promote adult education's role in healthcare prevention strategies that contribute towards easing demand on acute health services. This needs Ministerial interest and commitment to bring about the necessary policy changes that will put adult education in a sustainable position for the future.

¹ For the purpose of this research, we have defined 'adult education' as referring to community-based provision that does not normally lead to a qualification. This is often the first step for many adults returning back into the field of education for many different reasons, including for their own personal development, or preparation for further training with qualifications and/or employment.

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- Greater flexibility and alignment of funding streams can support targeting individuals and groups most in need. This can bring more flexibility in provision and ensure better value for money. Changes to funding since 2010 have squeezed the social infrastructure between adult education, Further Education (FE) and wider community-based organisations. Whilst closer collaborative working is underway to share expertise and services, this remains piecemeal.

B. Capturing the evidence

There is much evidence of the positive impact and efficacy of adult education on individuals, communities and other public services, however, it is often neglected by policy-makers.

- Secretaries of State, Ministers, and those responsible for NHS ‘Sustainability and Transformation Partnerships’ (STPs), NHS Improvement, Health and Well-Being Boards, Clinical Commissioning Group (CCGs), Local/Combined Authorities and Local Enterprise Partnerships (LEPs) need to have greater access to the evidence of successful policies and practices in improving health and well-being through adult education. There is a critical need to build upon existing health and well-being surveys to identify any gaps in research, including those that examine whether short, part-time community learning courses help people develop strategies to manage their everyday lives more effectively.
- Central government and local/combined authorities will need robust data on area-based outcomes from providers, to measure the impact of the devolved AEB. A challenge to the adult education sector is to provide leadership, prove their worth, and report more broadly and directly on the impact their work has on the health outcomes. Data on the wider outcomes of adult education should be based on national systems and there needs to be more evidence of sustained benefits in larger population groups over time.
- There are significant benefits to be gained in capturing contextualised adult education, health and well-being e.g. the Good Things Foundation and its work with NHS shows health inequalities account for well in excess of £5.5 billion in healthcare costs to the NHS annually. Based on a cost to the NHS of £45 per GP visit, ensuring everyone had the Basic Digital Skills to access health information online would provide savings of £121 million a year by 2025. The British Household Panel Survey (BHPS) analysis indicates adults’ participation in a part-time course can lead to: improvements in health, which has a value of £148 to the individual; a greater likelihood of finding a job and/or staying in a job, which has a value of £231 to the individual; better social relationships, which has a value of £658 to the individual; and a greater likelihood that people volunteer on a regular basis, which has a value of £130 to the individual (Fujiwara, 2012). As well as quantitative data, there is also significant scope to produce more podcasts/videos of adult education in care homes, healthcare centres, schools, community centres, libraries and workplace settings, to inspire individuals and family learning.

C. Getting the message across – to policy makers and professionals in adult education, health and well-being sectors

The lack of joined up policies between the education and health and social care sectors often results in missed opportunities for collaborative and co-productive work between sectors and professionals. As a result of fragmented national policies, people often fall between the gaps in health and education practice.

- National and local policies must focus on ratcheting up the demand for adult education provision, particularly from healthcare sectors (and in healthcare contexts).
- New developments in social prescriptions that include ‘prescribing for learning’ should help partnerships to engage with the process of creating a healthy society and focusing on the health and well-being of individuals. But this will only work if there is government backing and take up by GP consortia and Trusts.

D. All policy interventions should consider how inequality can best be addressed

The Social Mobility Commission (June 2017) indicates new divides have opened up in Britain, across geographies, income groups and generations.

- Inequalities of social and cultural capital inevitably imply unequal outcomes from informal learning in the family and home (Tuckett & Field, 2016). In considering how best to address the issue, the benefits of targeting have to be balanced against the risks of stigmatisation.

Six Key Recommendations

We recommend that:

1. The Institutes of Adult Learning and other adult education providers should work together with the health and social care sectors make most of the significant scope to produce portfolios of podcasts, videos, case studies and conclusive statistics to bring the evidence alive and readily available and so that this work is at the forefront of national policy dialogue. This should be supported through an organisation such as the Education and Training Foundation.
2. Government and leading research bodies should support adult education, health and well-being organisations to develop a national tool(s) for measuring the impact of adult education on improving individuals health and well-being as a priority.
3. The All-Party Parliamentary Group for Adult Education should work with the Institutes of Adult Learning and partners, including other relevant APPGs to disseminate policy briefings on specific aspects of this work to Ministers and health and well-being agencies and professional bodies.
4. The Institutes of Adult Learning and regional adult education networks should be invited by those responsible for NHS 'Sustainability and Transformation Partnerships' (STPs), Health and Well-Being Boards, Clinical Commissioning Group (CCGs), Local/Combined Authorities and Local Enterprise partnerships (LEPs) to contribute to the development and delivery of health and well-being objectives at regional and local level and should present their findings to NHS Improvement.

The benefits of adult education for health and well-being are not widely known within health provision, particularly working with vulnerable groups in our society. To increase the demand and take-up of for adult education through links with the health sectors, we recommend that:

5. The Institutes of Adult Learning (IALs) and adult education networks, work with Healthwatch, the Patients Association, trade unions and other representative organisations, who work with adults and family learning initiatives to advocate the health and well-being benefits of adult education to wider public.
6. Adult education should be incorporated onto the Prescriptions for Patients systems across all NHS England. This needs to be promoted to all healthcare practitioners through local and national initiatives.

Contact:

Dr Deirdre Hughes OBE and Karen Adriaanse

Email: deirdre.hughes@warwick.ac.uk

Tel: 044 (0) 7533 545057

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Also, refer to Main Report for more information and detailed references.

Adult Education: Important for Health and Well-Being

Main report

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1 Introduction

This paper, commissioned by the Institutes for Adult Learning, aims to increase awareness of the benefits that adult education can bring to the nation’s health and well-being. It also aims to stimulate further dialogue on how authoritative central and devolved government policies and practices can ensure that adult education remains a strategic priority so that there is increased demand for, access to and take-up of provision.

It is high time for greater recognition of the powerful contribution adult education makes to individuals and families’ health and well-being. There is compelling evidence on the far-reaching benefits (World Health Organisation, 2016 UNESCO, 2016; Hughes & Adriaanse, 2016). Over the next fifteen years and beyond, countries will face a complex set of challenges relating to issues such as an ageing population, mass migration, employment, inequality, environmental sustainability and accelerating technological changes. Adult education is “a central component of public policies that can help address these challenges.” (UNESCO Institute for Lifelong Learning). The message is clear - individuals who continue to learn throughout life are likely to build additional brain reserves - this can lead to healthier lives and healthy lifestyle choices. The All-Party Parliamentary Group on Arts, Health and Well-being (July 2017) also highlights that arts and creative activities can make an invaluable contribution to a healthy and health-creating society.

For the purpose of this research, we have defined ‘adult education’ as referring to community-based provision that does not normally lead to a qualification. This is often the first step for many adults returning back into the field of education for many different reasons, including for their own personal development, or preparation for further training with qualifications and/or employment.

‘Health’ is defined as a relative state in which one is able to function well physically, mentally, socially, and spirituality within the environment in which one is living. ‘Well-being’ is about feeling good and functioning well and comprises an individual’s experience of their life; and a comparison of life circumstances with social norms and values. (Extract taken from ONS, 2013)

References to ‘outreach’ work in the report describes any targeted activity or intervention which provides information, advice and guidance (IAG), support, and inclusive teaching in a flexible manner, with the aim of building confidence, developing soft skills and raising attainment among this underrepresented community (OFFA, 2017, p.4) .

1.1 A national and regional strategy for adult education

In July 2016, the All Party Parliamentary Group for Adult Education highlighted the need to:

“Establish a national and regional strategy for adult education, health, employability and well-being – bringing together the different departmental interests, led by a senior Minister to provide an accountability and quality assured framework at a national and regional level” (p.23).²

² There needs to be clear criteria for providers to capture, collate and disseminate the full benefits of adult education, including improvements to their health and well-being and participation as an active citizen against the accountability and quality-assured framework (p.23).

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A key challenge is how best to realise this ambition. In England, more than one year on, there still exists 'a policy vacuum' when it comes to securing informal adult education in recognition of its wider benefits on health and well-being. Therefore, the Institutes for Adult Learning (IALs) decided to commission the University of Warwick, Institute for Employment Research (IER) to carry out follow-on research with a view to making recommendations to improve policy and practice to achieve the above-mentioned recommendation. Trying to join up all the relevant national policies at once may be difficult, so the report provides analysis and some practical recommendations for joining at least health and education policy, funding and practice as a starting point.

We have drawn upon available documentary evidence and further validated the findings with key informants from education and health sectors. Our approach is informed by evidence on the ways in which adult education supports individuals, families and communities' health and well-being, as well as the wider economy. We also consider what works in enabling those people furthest from the labour market in obtaining work and continuing to progress. At a time of political change, it is hoped that our recommendations will influence and contribute to the shaping of policy and practice through greater cross-sector and cross-departmental dialogue.

1.2 Our starting point - two big questions

Two big questions have arisen from our analyses:

1. Why, if there is so much evidence of the positive impact and efficacy of adult education on individuals, communities and other public services, is it so neglected by policy-makers? Surely this route to prosperity and improved quality of life for both individuals and families, many of whom may not have succeeded in conventional learning environments, should be highly relevant in both national and local strategic priorities?
2. Why do policy makers of different government departments and local agencies fail to make sufficient links between the benefits of adult education on health and well-being? This lack of joined up policies often results in missed opportunities for collaborative and co-productive work between sectors and professionals. As a result of fragmented national policies, people often fall between the gaps in health and education practice.

Devolution of decision-making and budgets provides an ideal opportunity for better engagement of adult education providers to work with partners to improve health and well-being on a local and regional basis. But more work is needed to join-up national policies to ensure an authoritative approach that becomes a high strategic priority across the devolved areas.

1.3 Challenges: finding solutions

There is a serious decline in the numbers of students participating in adult further education, as well as enrolment of part-time and mature students in higher education. This is mainly as a result of funding and policy decisions, including student loans. According to the latest Education & Skills Funding Agency (ESFA) statistical release for 2016/17:

Adult Further Education has fallen every year since 2011

1,966,500 learners had participated in adult further education by the third quarter of 2016/17, compared to 2,032,500 reported at this time in 2015/16, a decrease of 3.2 per cent.

Participation in both English and maths and Level 2 courses have decreased, whereas participation on Level 3 and Level 4 courses have increased. Level 4+ courses have increased by 43.0 per cent from 49,200 in 2015/16 to 70,400 in 2016/17.

Community learning continues to fall

430,500 adult learners have been reported as participating on a community learning course so far in 2016/17, compared to 465,600 at this time in 2015/16, a decrease of 7.5 per cent.

Family learning – the greatest fall is in intergenerational learning

25,600 took a Family English, Maths and Language course, a decrease of 19.7 per cent from 31,800 reported in the first three quarters of 2015/16 • 37,700 took a Wider Family Learning course, a decrease of 15.0 per cent from 44,300 reported in the first three quarters of 2015/16. Source: ESFA, July 2017

There is an urgent imperative to find ways of keeping more people switched on to learning throughout their life. The negative consequences of disengagement and failure of people to connect with meaningful opportunities are apparent when it comes to their health, well-being and active citizenship. Keeping more people switched on to learning matters, not only when it comes to the government's skills agenda, but of equal importance it matters when it comes to the nation's happiness, health and well-being.

- Local/ Combined authorities and Local Enterprise Partnerships (LEPs) face relentless pressure on planning and funding local community services. There is a potential risk of a narrow (employment-focused) definition of outcomes that fails to recognise that individuals and communities also benefit greatly from community-based adult education that lead to improved social- and health-related outcomes.

Government Secretaries of State need to fully understand and engage in adult education's role in enabling individuals and families, particularly those most vulnerable, to improve their life chances and contribute to the national economy. There is a need to find creative solutions to a national problem that currently risks more adults 'switching off' lifelong learning. There is also a need to promote adult education's role in healthcare prevention strategies that contribute to towards easing demand on acute health services.

- Currently, it is mainly left up to adult education managers and practitioners on the ground to make connections with health sector professionals and organisations so that they understand the positive impact the provision has on learners' health and well-being and promote it to their patients or clients. Few have the training and/or seniority to do this effectively. What is really needed is a more systemic approach to policy-formation and partnerships between government, public, private and third sector organisations.

National and local policies must therefore focus on 'ratcheting up the demand' for adult education provision, particularly from healthcare sectors (and in healthcare contexts). There is a need to promote adult education's role in healthcare prevention strategies that contribute to towards easing demand on acute health services. At present, there is no consistent method nationally for measuring the impact of adult education, including the wider health benefits.

- Adult education providers use many different methods to measure the wider benefits of attending adult education – be they surveys, self-assessment or more scientific impact measures – but the key messages sometimes get lost and they are not presented in a more consistent format. Where public funding is concerned, there is a need for properly aligned and evidence-based assessments to be made at a national and local level to show impact and support a more integrated agenda in adult education, health and social care.

Commissioners in adult education, health and social care sectors currently have very different priorities and use evidence in very different ways. These sectors use impact assessment methods that involve differing approaches to how evidence is gathered, assessed and presented to potential funders. These complementary approaches have significant potential to be reconciled. The Rochdale Citizens Curriculum model using the New Economy cost-benefit approach could be a useful starting point.

- The newly formed 'Sustainability and Transformation Partnerships' (STPs, 2016/2017) which cover 44 areas in England are designed to improve health and care.³ Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations. This could provide an excellent opportunity for adult education and the health and social care sectors to link more closely in order to fully understand teach other's work and to promote the potential added-value and cost-effectiveness of joint activities.

³ For further details refer to: NHS Planning Guidelines 2016/2017 – 2020/2021 - <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

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In this context, there are two main types of adult education provision e.g. the more traditional education classes that enable learners to develop a skill or increase their knowledge that also frequently result in wider health and well-being benefits⁴ – and provision that specifically aims to improve learners’ well-being through - co-location, specialist curriculum or tutors, or specific referrals from health professionals. While these may also have wider health, well-being and educational benefits – they are often not fully maximised when it comes to extended links between adult education, health and care sectors.

- It is very clear that discontinuities of funding, and in some parts of the country withdrawal of funding of local adult education provision, have genuinely restricted providers from offering more seamless adult education, health and social care services.

Yet despite this, we have found many examples of inspirational approaches, some of which are presented in this report. Adult education providers are embedded in local communities, and work very successfully with a very wide range of community organisations and businesses. The House of Lords Select Committee on the Long-term Sustainability of the NHS concurred that the health system of the future needed a greater focus on prevention, supported by adequate and reliable funding. The NHS Five Year Forward View (2017) sets out the NHS’ main national service improvement priorities. Such conditions indicate a ‘green light’ opportunity for adult education, health and social care policymakers to create the essential conditions for joint approaches and co-funding mechanisms.

- The groups that are more likely to have health and well-being issues are often those furthest away from participation in training and development. In this context, health professionals need to fully understand what adult education has to offer and its added-value benefits.

1.4 Acknowledgments

We are very grateful to the Institutes for Adult Learning (IALs) who commissioned this research to feed into a formal Inquiry into Adult Education across England. We are indebted to those who volunteered their time to contribute to the ongoing research. We would like to thank Chris Butcher (WEA contract manager), Iram Naz (WEA Research Manager) and representatives from the research project Steering Group, as well as nine Specialist Designated Institutions (SDIs) - City Lit, Morley College, Hillcroft College, Northern College, Ruskin College, Working Men’s College, Mary Ward Centre, Fircroft College and the Workers’ Educational Association (WEA) – who each contributed and supported the research. Additionally, we are indebted to the following individuals and organisations who contributed to the research findings, participated in telephone interviews and/or gave us permission to share their views within the report: Michael Baber, Health Action Campaign, London; Jasi Bridgman, Birmingham Education Centre; Michael Conway-Jones, Fircroft College, Birmingham; Mark Ravenhall, Still Learning Ltd; Liz Stearn, Birmingham City Council; Sara Thomas, Bromley Bow Centre; and Jill Westerman, Northern College. Finally, a special thank you to Lynne Marston, IER Administrator, who kindly supported our work.

1.5 Report structure

Section 2 discusses why adult education, health and well-being matters in the context of groups in our society who do not share in the benefits of personal, social and economic growth to the same extent as others.

Section 3 illustrates evidence-based findings and case studies showing ways in which adult education, health and well-being practices connect with one another in their complementary roles.

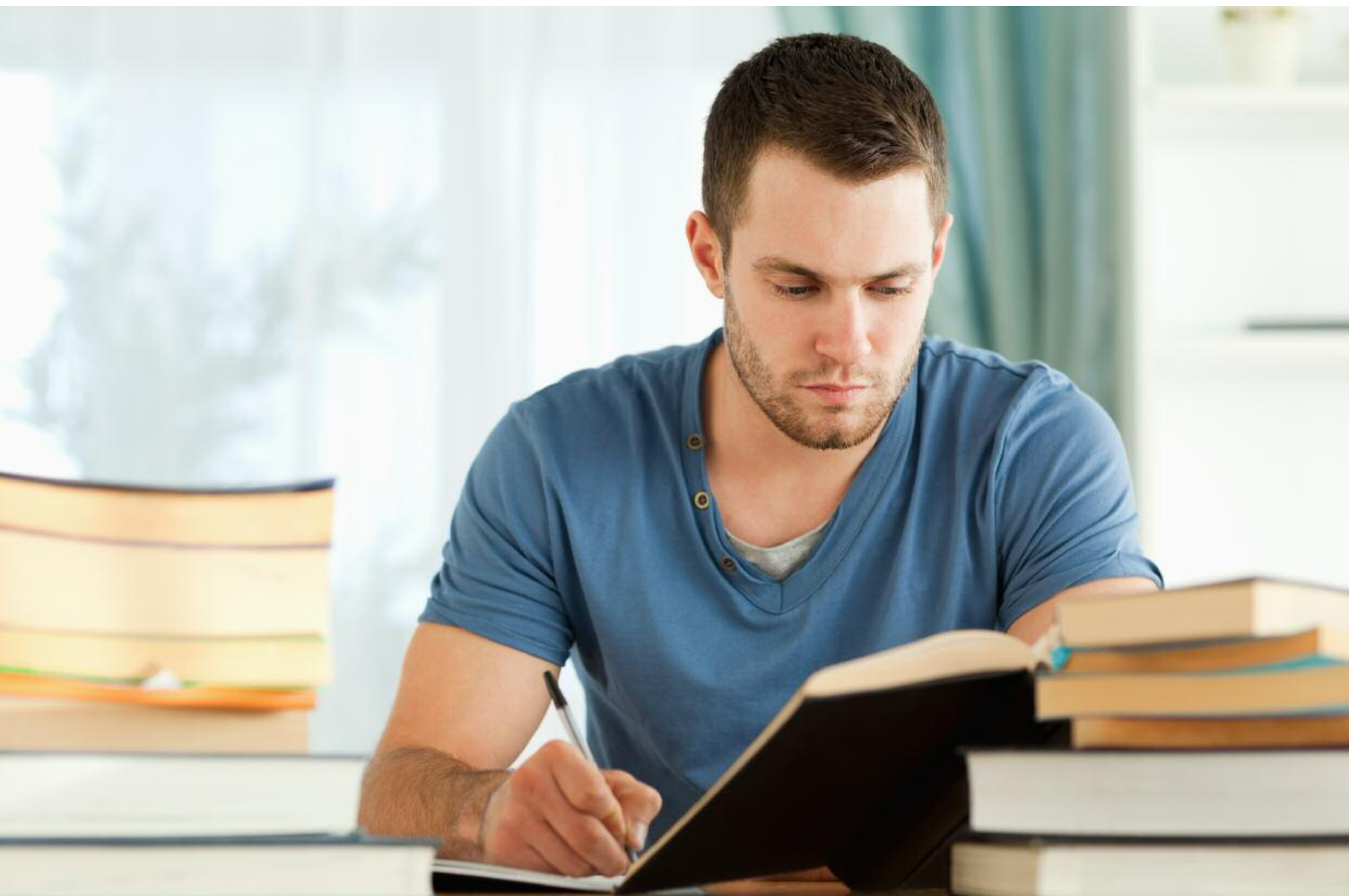
Section 4 reviews trends in health and well-being and adult education within the current policy landscape and the opportunities that lie ahead for strategic partnerships.

⁴ Refer to the WEA Impact Study report 2016 – Retrieved from: - <https://www.wea.org.uk/news-events/news/wea-launches-2016-impact-report>

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Section 5 explores ways of leading to successful outcomes in health and well-being and provides some brief illustrations of good and interesting policies and practices to feed into future developments.

Section 6 sets out what needs to change to stimulate demand for and access to more opportunities for all, particularly those most vulnerable in our society. It also highlights six key recommendations for implementation at a national, regional and local level.



2 Why adult education, health and well-being matter

Adult education provides a route to better health and well-being and can help overcome persistent inequalities of access to opportunities.

Adult education provides a route to better health and well-being and can help overcome persistent inequalities of access to opportunities.

In this chapter, we discuss why adult education, health and well-being matters in the context of groups in our society who do not share in the benefits of personal, social and economic growth to the same extent as others.

There is an expanding body of evidence to support the argument that adult education has an important contribution to make to health and well-being. The evidence features in scholarly work, research bodies, parliamentary reviews, professional journals, social partnerships, and other platforms. Most importantly, evidence is highly visible at grass roots level as reported by managers, practitioners and adult education participants. It spans both research and evaluation findings which indicate factors that increase the likelihood of individuals or families experiencing poor health and well-being include: unemployment, poor education, poor housing, poverty, discrimination, crime and/or family breakdown. These factors also impact on an individual's educational attainment and willingness to engage in education and learning across the life course (Barnes, Brown and Warhurst, 2016). However, these are also the groups that adult education providers are particularly successful in reaching through targeted outreach work.

The World Health Organisation (WHO) 'Commission on Social Determinants of Health' clearly recognises that material, psycho-social and political empowerment – gained through participation in society – underpins equitable health and wellbeing. It has prescribed a reduction in health inequalities across the life course – a key principle adopted within policy in the UK. The Marmot Review (2010) advocated a healthy standard of living for all and healthy and sustainable places and communities.

Whilst being sensitive to (and cautious of) over-stating the added-value contribution of adult education to health and well-being, the robust international and national evidence-base highlights:

Adult education can contribute to:

- enhancing mental healthcare
- improving social care
- mitigating against social isolation
- contributing towards more cost-effective use of resources within the NHS
- helping older people to stay healthy and independent;
- improving recovery from illness;
- strengthening local services and promoting more cohesive communities;
- creating optimism and hope in the rehabilitation of prisoners; and
- contributing to equality of opportunity for people who are socially and/or economically disadvantaged.

2 | Why adult education, health and well-being matter

Adult education has provided a route to better health and well-being and can help overcome persistent inequalities of access to opportunities for a high proportion of learners.

2.1 Disadvantaged groups

Research clearly shows there are groups in our society who do not share in the benefits of personal, social and economic growth to the same extent as others. The negative impact of this on individuals, communities and the health and social care system is clear. For example:

Impact on individuals

- Educational level predicts life expectancy, and disability-free life expectancy is unevenly distributed across the social spectrum.
- Older people living in deprived neighbourhoods are significantly more likely to experience difficulties than those in less deprived neighbourhoods, with high-status people experiencing the vitality of people fifteen years younger at the bottom of the social gradient. In turn, a lack of mobility exacerbates social isolation, has a negative impact upon health and diminishes participation in leisure activities.
- There is a relationship between homelessness and mortality, with the average life expectancy for homeless people being 47. As in other marginalised groups, the incidence of mental health problems among homeless people (four in five) is much higher than in the general population (one in six).
- Over half (54%) of all disabled people who are out of work, experience mental health and/or musculoskeletal conditions as their main health condition.
- Over 70 percent of prisoners have two or more diagnosable mental disorders and up to 7 percent of male prisoners and 14 percent of female prisoners have probable psychosis, 14 and 23 times the level in the general population.
- 12.6 million people in the UK lack basic digital skills and 5.3 million have never been online before. Health inequalities account for well in excess of £5.5 billion in healthcare costs to the NHS annually*, and if the causes remained unaddressed then obesity alone would cost the NHS £5 billion in healthcare costs by the year 2025. There is a huge synergy between groups that are digitally excluded, and those at increased risk of poor health. As the shift towards digital by default services becomes more widespread throughout health services within the UK there is a danger that the inequalities in health already felt by these groups may become more pronounced. This means that those who are digitally included can more easily access services that will have positive impacts on their health; be it employment and benefits or health information and services.

Impact on communities

- People living in rural areas appear to have less access to training and development, as do those in deprived areas elsewhere, and those from lower socio-economic groups (Green et al, 2016).
- Almost 1 in 3 working-age people in the UK have a long-term health condition which puts their participation in work at risk. Absence from work annually costs the Government around £13bn in health-related benefits and £2bn in healthcare, sick pay and foregone taxes. Employers' share of sick pay amounts to around £9bn, while individuals lose out on earnings of £4bn per year.
- There are an estimated 5.5 million carers in England, 225,000 of whom are young and 110,000 of whom are over 85 (Carers UK, 2016). The value of unpaid care contributed to society by carers is estimated at £132bn, equivalent to spending on the NHS.

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Impact on the health care system

- Black Asian Minority Ethnic (BAME) communities are less likely to seek access to psychological therapies, therefore opportunities for early intervention are being missed. This means that the first contact members of BAME communities have with mental health services may well be detention under the Mental Health Act, causing unnecessary distress and placing pressure on acute services.
- Around 1 in 5 of the working-age population has a mental health condition. While the intended parity of esteem between mental and physical health has not yet been fully realised, recognition of this inter-relationship is highly relevant. Adult education approaches point to the inextricable link between the mental and physical aspects of education, health and social care.
- Public Health England (2016) estimates that in England there were 1,087,100 people with learning disabilities, including 930,400 adults (November 2015). The number of people with learning disabilities recorded in health and welfare systems is much lower, for example GPs identified 252,446 children and adults as having learning disabilities on their practice-based registers. (p.4) More recently, analysis of the health and well-being of adults with (predominantly mild) learning disabilities who have participated in major UK surveys (and are probably unlikely to be users of specialised learning disabilities services) has reported higher rates of physical and mental health problems and more problematic health behaviours when compared to participants without learning disabilities (op.cit. p.14).

Being marginal in society has a harmful effect upon health and well-being. Adult education has an important role in addressing marginalisation; the starkest case being new migrants and/or refugees (Bryers et al, 2014). In 2017, a survey of 2,290 people commissioned by the Mental Health Foundation found that nearly three quarters of people within the lowest household income bracket reported poor mental health (compared to three fifths in the highest bracket). We know that the causes of poor health are many i.e. a complex interaction between personal, financial, social and environmental factors. People from lower socio-economic groups are less likely to take part in education and training, especially if they have had earlier negative experiences.

2.2 Inter-generational factors

Inter-generational factors, such as the relationship between parents and children, between grandparents and grandchildren, between the cared-for and their carers and between community residents of all ages, also impact significantly on people's lives. The environmental conditions in which individuals experience life have a profound effect upon their physical and mental health and well-being. There is a danger that any future strategy for adult education might ignore the hundreds of courses that do not end in a certificate, yet are hugely beneficial to our local communities and the broader population – especially to people's health and well-being.

In this report, we see many instances of the ways in which individuals and families benefit from engagement in adult education, health and well-being activities. In particular, adult education helps combat these issues through effective family learning, literacy and numeracy provision, and community classes.

3 Evidence-based findings and case studies

People taking part in adult education activities are more likely to be healthier, happier and more resilient, and these positive effects can reach into the surrounding community.

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This chapter illustrates evidence-based findings and case studies showing ways in which adult education, health and well-being practices connect with one another in their complementary roles.

Research shows that adult education can lift people's motivation, confidence and sense of well-being. People taking part in adult education activities will be healthier, happier and more resilient, and these positive effects will reach into the surrounding community.

Adult education providers focus on reaching out to people who face many of the circumstances that are likely to have a negative impact on their health and well-being (Ofsted, 2016).

3.1 Preventing illness and infirmity from developing in the first place and worsening in the longer term

Evidence presented below demonstrates that adult education has a significant role in preventing illness and infirmity from developing in the first place and worsening in the longer term. The All Party Parliamentary Group for Arts, Health and Well-Being (2017) point to 'environmental enrichment' as a strong means to improve cognitive functions, such as learning and memory, and to increase the willingness to explore. Living longer also means that more individuals are "living with long-term medical conditions, fluctuating and life limiting conditions, learning difficulties and mental illness" (JRF, 2016). People may retire and then lose a partner; or develop a chronic health condition and /or take on caring responsibilities for others. Some people are on journeys of personal transition, for example, coping with a disability, mental health or domestic issues, or addiction problems, recovering from an accident, being made redundant or preparing to leave prison.

Further evidence demonstrates that attending adult education provision can provide personal support, new skills and new interests that can support individuals through the multiple life changes adults experience throughout the lifecourse. For example:

"Adult learning keeps you young and it keeps your brain active – especially when you're learning something new – stretching yourself. This is important for your well-being. Attending classes can also combat loneliness. (Adult Learner)

3.0 | Evidence-based findings and case studies

The Worker's Educational Association (WEA) Impact Report 2016, indicates that "almost a third (30 percent) of WEA students reported having a physical health condition or illness (lasting or expected to last for 12 months or more), 14 percent a learning difficulty or a disability and 12 percent a mental health condition (lasting or expected to last for 12 months or more). Plus, a quarter (25 percent) reported being carers for their ill, disabled or elderly relatives or friends" (p.7).

Adult education can "provide people with reasons for joining learning programmes, as well as featuring in policy decisions on financing provision. The direct economic effects of lifelong learning include impacts on earnings, on employability, and on the wider economy. And since higher incomes or steady employment tend to have further effects on health, well-being and sociability, it also follows that the economic effects of learning have indirect outcomes" (Field, 2015) . For example:

" When I developed arthritis a couple of years ago, I knew I couldn't continue in construction. I felt on the scrap heap. I started a few adult learning courses to help me look for a new direction and found social sciences. I built my way up to level 3 and I am now at university, with a career ahead of me. " (Adult Learner)

Case study 1 – Mental Wealth Festival

An event that promotes 'mental wealth'

City Lit (in partnership with Books Beyond Words) has delivered the Mental Wealth Festival since 2015. This is a ground-breaking event that highlights how mental health issues impact on so many aspects of daily life, and how the arts, politics, culture, faith and the media can support our 'mental wealth'. The event celebrates and promotes activities, projects, ideas, tools and approaches that restore, support and enhance mental wealth. Whilst not shying away from addressing the problems in society that contribute to mental ill health, this festival focusses on the solutions and positive outcomes of mental wellbeing.

Opening up the debate

The Festival provides an open forum for debate and discussion and allows people to speak freely about their own experiences of mental health and wellbeing – with leading organisations contributing to the policy debate, including Mind and Rethink.

Planned outcomes for the 2017 festival

- the wide mix of people learning from one another;
- improved mental wellbeing and growth in self-confidence.
- providing a practical tool kit for wellbeing;
- care for carers;
- promoting accessibility and inclusion; and
- personal development and mindfulness.

Visit: <http://www.mentalwealthfestival.co.uk/2017-festival>



Case study 2 – A community-centred deep dive approach

The Tinder Foundation has funded hundreds of hyper-local UK online centres to support their communities to improve their digital health literacy skills. These centres embed digital health literacy within existing digital skills provision, and form local partnerships with GPs, CCGs, other health professionals and other organisations to reach people who could benefit from improved digital health literacy skills. A smaller number of Innovation Pathfinders have also tested innovative approaches to embedding digital health literacy within existing provision, testing new technologies and working with new partners. The Tinder Foundation has also created new resources on the Learn My Way website to support people to improve digital literacy skills. Visit: <https://www.learnmyway.com/> Two courses – one focused on finding information on NHS Choice and another on using GP services online – helped local organisations to deliver digital health literacy learning, and helped individuals to improve their skills.

NHS Widening Digital Participation

The programme, co-ordinated by the Tinder Foundation, has seen how the use of digital technologies can drive efficiencies for doctors and the wider NHS, relieve pressure on frontline services and deliver flexibility, convenience and control for patients – ultimately improving health outcomes. Patient activation was identified as key in improving health outcomes, and digital health support was recognised for its potential role in prevention, improving the ongoing management of chronic health conditions, and building patient trust and interaction with health and social care services. The community-centred, deep dive approach trialled ways for the NHS to work more effectively with voluntary organisations to support broader health goals in local communities.

Results

By connecting people to online communication tools, online support networks and information on anything from benefits to hobbies – the programme supported wider wellbeing and began to address the often complex issues behind poor physical and mental health. That in turn had an impact on people's use of frontline services, giving GPs options for signposting and patients new options for information and assistance. A total of 221,941 people were supported to learn to use digital health resources and tools since the beginning of the NHS Widening Digital Participation project. A total of 387,470 people engaged to raise awareness of digital health resources and tools since the beginning of the project. People were trained in year 3 as digital health champions or volunteers to help promote the awareness and use of digital health resources. A total of 8,138 volunteers were trained since the beginning of the programme. The programme has targeted the most vulnerable patients – the heaviest users of NHS services and those also most likely to be amongst Britain's 12.6 million digitally excluded.

Visit: <http://nhs.goodthingsfoundation.org/#section3>



3.2 Enhancing well-being and quality of life for people of all ages

Research into the wider benefits of learning carried out over the last ten years in Britain and Finland investigated how individuals, groups, organisations and society benefit from continued education. The results support the significance of adult education, and their general message is in line with previous studies. “Liberal adult education has a wide range of individual and social benefits” (op.cit). Ten benefit factors were identified which include: locus of control, self-efficacy, sense of purpose in life, tolerance, social engagement, changes in educational experience, health, mental well-being, work and family. In other words, the benefits of taking part in adult education are often perceived as non-economic ones but actually we know progression from ‘informal learning’ can make people more economically active and contributes to a nation’s growth.



Case study 3 – Wider benefits to adult learners

An adult education provider highlighted the following examples of the wider benefits of attending adult education classes, mostly funded through the community learning budget, that indicate potential savings to public funds, such as health or benefit budgets:

- A British Sign Language learner now volunteers helping deaf patients to communicate whilst in hospital.
- A learner has said she had been able to avoid/delay the need for surgery to her spine through the regular practice of yoga.
- Many learners report stress reduction through learning, especially yoga, keeping them from seeking medical support.
- 2 learners reported techniques learned through yoga help to lower blood pressure and decrease level of tablets.
- Learners on Family Learning Healthy Eating courses have developed healthier lifestyles/eating habits.
- A learner who joined a 'Confidence Building Course' -was discharged from her Community Psychiatric Nurse and had the confidence to join a computing course and has now got a job within a Care Home.
- A learner in his late 20s who had recovered from alcohol addiction completed a functional skills course at level 2 and has begun volunteering with an organisation for homeless people.
- A woman in her early 30s, administrator, was unemployed for last two years with a depression related illness resulting in loss of confidence and self-esteem. After attending adult education courses, she has re-entered the job market this summer and has secured work placement with Childline.
- Two women returned to keep fit community classes after serious accidents under the careful watch of a qualified to and care professionals. They have eventually returned to complete mobility.

3.3 Reducing the gap between 'the haves and have nots'

The Social Mobility Commission (June 2017) indicates new divides have opened up in Britain, across geographies, income groups and generations - and that many policies of the past are no longer 'fit for purpose'. Inequalities of social and cultural capital inevitably imply unequal outcomes from informal learning in the family and home (Tuckett & Field, 2016). It needs to be more widely recognised that using adult education in health and well-being contexts and/or with positive health and well-being outcomes can address disadvantage, discrimination and exclusion and bring communities more closely together. It can also help individuals to become more active citizens and add more value to their personal lives. There is clear evidence of a significant relationship between less diverse social networks and poverty for disadvantaged people from ethnic minority backgrounds (JRF, 2015).

Case study 4 – Greater Manchester’s Work and Skills Strategy

Strategic direction

Greater Manchester’s Work & Skills Strategy, and the emerging Outcomes Framework indicates that it will provide the strategic steer for implementing and prioritising the devolved adult education budget. Greater Manchester recognises that in the past Adult Skills funding had been a ‘catch-all’ for a whole range of provision.

An integrated skills system

Going forward, devolution of the adult education budget provides an early opportunity to begin to deliver the integrated work and skills system that Greater Manchester (the authority) seeks. Its ambition is that in the future, effective joint planning and decision-making between partners will ensure that all skills activity delivered will be supporting achievement of the locally developed outcomes. In particular it enables the authority to be more flexible with funding to focus more on priority outcomes, rather than outputs and qualifications.

Increased recognition of wider outcomes

Qualifications will continue to remain important, particularly for basic skills to Level 2 to provide a strong learning foundation, however alone they do not provide the wider measure of outcomes needed, and will not be the sole focus of funding.

Visit:

<https://democratic.trafford.gov.uk/documents/s6844/Item%206b%20GMCA%20Social%20Value%20Policy%20Framework.pdf>

3.4 Improving functional literacy, numeracy and digital skills

Five million adults lack functional literacy and numeracy skills, and 11 million do not have basic digital skills (Learning & Work Institute, 2017). They indicate that even at the current rate of enrolment in learning, and assuming all learners gain the skills they need, it would take 20 years to support all the adults that would benefit from help. This suggests a new approach is needed - one that is more focused on people’s capabilities and interests rather than a primary focus on qualifications. Instead, a greater focus by policymakers and funding bodies on prioritising meaningful outcomes and progress, such as meeting health and well-being targets that people achieve as a result of attending classes, is now needed.

Case study 5 - Citizens Skills Curriculum for adults

A holistic approach

The ‘Citizen Skills Entitlement’ for adults, is an evolving framework proposed by the Learning and Work Institute (2016). It sets out an innovative, holistic approach to ensure everyone has the English, maths, digital, civic, health and financial capabilities they need. The Citizens’ Curriculum taps into what motivates adults to learn, through giving learners a voice in co-designing curriculum content and careful contextualization, ensuring that more people are learning skills which are relevant to their lives and their work.

Implementing the approach nationally

The Institute calls for cities and local areas to commission a Citizens’ Curriculum approach as the Adult Education Budget is devolved and to work with providers and to design provision that embeds this approach (Learning and Work Institute, 2017). Visit: <http://www.learningandwork.org.uk/our-work/life-and-society/citizens-curriculum/>

3.5 Addressing many of the challenges the health and social care system is facing

The British Household Panel Survey (BHPS) analysis indicates adults' participation in a part-time course can lead to:

- improvements in health, which has a value of £148 to the individual;
- a greater likelihood of finding a job and/or staying in a job, which has a value of £231 to the individual; better social relationships, which has a value of £658 to the individual; and
- a greater likelihood that people volunteer on a regular basis, which has a value of £130 to the individual (Fujiwara, 2012)

Health is a dominant factor in how most people define their quality of life. The UK Government's Foresight report on mental capital and well-being highlighted the costs of over £100 billion for mental ill-health in the UK, and £27 billion to UK plc in terms of sickness absence, presenteeism (i.e. the practice of being present at one's place of work for more hours than is required, especially as a manifestation of insecurity about one's job) and labour turnover. In addition, nearly 40 per cent of all incapacity benefit at work is due to the common mental disorders of depression, anxiety and stress. Other first-hand examples from adult learners include:

"I was advised by my GP to come. They need more information to attract more people to adult learning" (Adult Learner)

"This learning centre is saving the cost of social services. There are so many social issues that adult learning is dealing with that would otherwise cost the government a great deal." (Adult Learner)

Our research shows that adult education embedded within strong national and local partnerships can contribute significantly to tackling the root causes of ill-health in places where people live and work. Adult education can motivate individuals and make them 'ready to learn and/or earn – and this has knock-on health and well-being benefits. Reviewing and improving the way that education, health and well-being services are arranged and accessed within local communities is an urgent imperative. For example, health policy-makers and professionals talk about 'personalised' or 'stratified' medicine and what they really are trying to deliver in both diagnosis and treatment of a particular patient. So too, education policy-makers and practitioners talk about 'personalised' individual and family learning and new curricula designed to respond to health and well-being issues. It is therefore critical that the contribution of adult education including its contribution to improving health and well-being (which are pre-requisites for progression into and within employment) must not be lost or forgotten within current and any new devolution arrangements.

Case study 6 – University Hospitals Birmingham NHS Foundation Trust and Birmingham Adult Learning working together – Inspired Project

The provision

The University Hospitals Birmingham NHS Foundation Trust (UHB) Learning Hub in partnership with Birmingham Adult Education Service has developed a unique and successful project named 'Inspired' which offers information, advice and guidance (IAG) to patients and referrals to training courses.

Funding

The provision is funded through the Adult Community Learning Fund.

The IAG is offered mainly through a dedicated outreach worker who links with specific clinical departments at the hospital who have agreed to be involved.

How the project works

- Medical personnel refer patients to the outreach worker for a guidance session

3 Evidence-based findings and case studies

- The outreach worker also promotes the service directly to patients attending the clinics
- The guidance sessions are used to provide patients with information and advice on relevant adult education courses that are available at the UHB Learning Hub.

As a result of this pilot

- Referrals to IAG sessions have now been built into the Trust's electronic prescription devices.
- Doctors or nurses can therefore prescribe a referral to IAG alongside a patient's medical prescription.
- These electronic notifications for IAG are then sent to training centre staff within the Trust Learning Hub.
- This system can continue and be extended into other clinical areas.

Success factors

The project draws on and extends further a good working relationships between training staff based at the UHB 'Learning Hub' and clinical staff.

3.6 Saving money in health and social care

Participation in adult education can reduce demand for medication and clinicians' time, thereby reducing sickness absence from work and, in many cases, delaying the need for residential care. Adult education performs a significant role in reaching out (and into) communities to bring people back into learning and to support their health and well-being but this requires policy interest and support. This proactive approach to community health and well-being is needed to enable people to be work ready, to integrate well in communities and to stimulate greater demand for learning. For example:

“Adult learning has a direct impact on cost savings [...] especially social services and those funding mental and physical health. I would have been on anti-depressants if I didn't come here for the writing group. It has given me a sense of belonging and purpose.” (Adult Learner July 2016 p29)

This case study below demonstrates how courses jointly funded by adult education and the local NHS Trust have supported a specific target group of patients and increased efficiency for the health service.

Case study 7 – Jointly-funding English language courses for NHS patients

The provision

A local authority provider worked in partnership with its local NHS Trust to run 39 English for speakers of other languages (ESOL) courses for NHS patients.

Funding

This was jointly funded by the provider and NHS Trust that enabled those patients who otherwise would not have had the possibility of learning English in a health context as the provision did not meet SFA funding criteria. The project enabled those patients who otherwise would not have had the possibility of learning English in a health context due to restrictions with the SFA.

The benefits for learners included:

- the ability to make and attend their GP appointments without a family member
- increased confidence and the ability to speak with clinicians

- the ability to explain their symptoms to their GP
- progression onto higher level ESOL courses

The benefits for the NHS Trust included:

- a reduction in the need for interpreters
- fewer problems for reception staff and clinicians i.e. less time trying to understand patients whose first language is not English
- higher level of patient understanding of NHS services
- patients accessing services at the right point
- fewer patients turning up at A&E for minor complaints.

3.7 Responsive to meeting adults' differing learning needs

Evidence also shows that adult education providers are particularly responsive to meeting adults' differing learning needs. With learners covering an age range of 19 to 103 adult education successfully reaches out to people at different stages of their lives and at different transition points. It has focused its attention to developing provision that has wider personal and social benefits for adults, especially those facing changes or difficult personal circumstances. Today, most brochures or websites on adult education will have courses on music, art, dance, wellbeing and mindfulness etc.

Case study 8 – An example of a course that targets people with actual or potential health and well-being issues

The provision

Oxfordshire Adult Learning, a faculty of Abingdon and Witney College, delivered a programme of courses called 'Learning for Wellbeing' aimed at people 19+ in Oxfordshire with mild to moderate mental health difficulties (such as low mood, low confidence, low self-esteem, stress, anxiety and depression) in 2015/16

Funding

The provision was part of a pilot project funded by the Department for Education and was free to participants. These short six-week courses are no longer funded.

The course typically offered learners:

- relaxation tips to manage stress and anxiety
- building your resilience toolkit for meeting life's challenges
- lift your mood through exercise and music
- meditation and yoga for depression.

The benefits to learners

- Many learners experienced an improvement in terms of mood/depression or anxiety as evidenced on mental health assessment tools.
- Some learners progressed to mainstream community learning courses, volunteering or employment.
- Many learners stated that they could resume a social life which they had previously lacked.
- Many learners developed tools which helped them to self-manage the mental health difficulties that they experienced.

Staff training

Oxfordshire Adult learning has provided mental health awareness training for all its adult tutors and careers guidance advisers.

See: <http://www.abingdon-witney.ac.uk.oal>

3.8 Targeting provision

The increased focus on targeting provision for people with actual or potential health and well-being issues has also called for more specialist training for support staff. Providers also work in partnership with niche organisations so that their learners can benefit from specialist training or activities.

Case study 9 - Providers frequently work in partnership with niche health organisations

The provision

Northern College, a residential college, plans weekly activities for their learners that include health and well-being activities, often provided by partner organisations, such as:

- Qdos (external organisation) provide workshops for physical activities for posture, body language and relaxation techniques to help students feel more confident and positive about yourself
- External organisation (Plus Me) visiting college and offering learners a rapid screening service for Blood Borne Viruses, including testing for HIV, Hepatitis B and Hepatitis C, including literature and advice and guidance
- NHS provides activities, literature and advice and guidance for Healthy Eating.

The benefits for learners

Participation in these activities and/or specialist training often provide multiple benefits for learners, including: greater self-confidence; specialist knowledge on specific health issues and information that support healthier lifestyles.

Visit: <http://www.northern.ac.uk/>

It is clear to see the multi-faceted benefits of these partnerships, but it is equally important to acknowledge and promote the wider benefits of core adult education, that covers a very wide range of subjects from creative writing, modern foreign languages, visual and performing arts, as well as literacy, numeracy and English as a Second Other Language (ESOL). For example:

“ We’re living here so we need to speak English [...] it’s better for the country and for the society that we have English skills. There are therefore high returns for the investment in helping us all improve our language skills.” (Adult Learner)

Often ESOL learners emphasise the importance of speaking and listening skills as these enabled them to communicate with people in their community. This places onus on health professionals as well as adult education professionals to facilitate community outreach provision and referrals to appropriate provision.

Case study 10 – Health and Education staff improving health in the community

Co-location and integration of education and health services

The Bromley by Bow Centre is an innovative community organisation in east London. It supports families, young people and adults to learn new skills, improve their health and wellbeing, find employment and develop the confidence to achieve their goals and transform their lives.

The provision

A full range of GP services across three surgeries operate side by side with almost 70 non-medical programmes including social prescribing (non-medical support for health and well-being), weight management and fitness programmes, employment and skills training, social enterprise incubation, inclusive arts, advice, money management and 'English for health' courses.

By co-locating adult education and GP services, it creates numerous opportunities for teams to work together and with the community. For example, the Centre developed a series of teaching and learning materials that allow tutors to embed health issues in ESOL courses. Fourteen packs have been developed, each consisting of a health-themed reader and teaching resources about different health topics specifically for use with Entry Level ESOL learners in English classes. For more information and access to downloadable materials visit: <http://www.bbbsc.org.uk/health-literacy-materials>

The approach

At the core of what Bromley by Bow does are active values, for example:

- be compassionate
- be a friend
- have fun
- assume it's possible.

And it is by co-locating services that they can create an environment where the organisation's values and an asset-based understanding of health can become a reality. The key ways that they ensure our values are living and relevant to people visiting our service is by ensuring accessibility, integrated services and understanding of an individual's long-journey.

Accessibility: Making it easy for people to access support by bringing services together and delivering a friendly and sensitive service in high quality buildings that are built within a three acre award winning community managed park.

Integrated Services: Offering a broad holistic range of services so people can find help for both their most immediate problems and longer-term deep-seated issues.

Long Journeys: Encouraging people to gradually build up the skills and confidence they need to progress in life and build a positive future for themselves and their families.

The advantage of this model is that it gives a higher priority to preventing illness and is likely to have produced significant benefits for the community's health.

Visit:

<http://www.bbbsc.org.uk/health-and-wellbeing>

Adult education providers are particularly effective at understanding the barriers may learners face when entering a course, often for the first time in many years and providing a very wide range of additional support.



Case study 11: Supporting learners to access learning

The approach

Fircroft College, a residential college, has a 'Fitness to Study' policy. This involves providing a nurturing environment and supporting adults to make fair and transparent decisions at a point in time when they may not seem well enough to benefit from adult education. The College has been praised by its business partners for its nurturing environment and has invested in providing specialist support.

- The proportion of learners with mental health issues, learning difficulties and/or disabilities (44%) or on long-term benefits (35%) are high and have increased over the years. Consequently additional support was provided on 73% of its 2015/16 courses to 208 learners.

The benefit for learners

1. Their health and wellbeing are more positively and consistently managed
2. They can attend when they are best able to achieve, rather than setting them up to fail
3. Active collaboration takes place between learner, college and external support agencies
4. Solutions and support can be put in place
5. Assessments and expectations are clearly set out
6. Interventions are kept at an appropriate level
7. They have a way back into college when expectations not met

Visit: <http://fircroft.ac.uk/>



3.9 Evidence-base conclusion

Too much of this good work and the personal and social benefits of adult education go unrecognised by politicians and policymakers, as well as those not directly involved in the sector. Two years ago, Ofsted made some significant changes to its inspection methodology. These included grading and reporting on types of provision, including adult education, separately, introducing a new judgement on learners' personal development, behaviour and welfare. Ofsted's first Annual Report 2015/16 since these changes found that where provision was good, learners developed the skills and confidence they needed to prepare for work because leaders worked well with employers and community groups to develop relevant courses. In particular, inspectors found that where adult education was done well, it supported wider government policies on localism, social justice, stronger families, digital inclusion and social mobility. For example, 'In providers judged good or outstanding, the shift in funding emphasis has led to vibrant and innovative approaches to community learning for those aged 60 and above' (p.101). However, there were concerns that the falling participation rates for this age group highlighted the need for local authorities, as community learning and skills providers, to develop partnerships that will stimulate community activity in areas where social networks are poorly developed because of deprivation or rural geography.

4 What's happening in the current policy landscape?

There is a strong case for more joint strategic priorities and policies of intent for adult education, health and social care provision for adults

In this chapter we review trends in health and well-being and adult education within the current policy landscape and the opportunities that lie ahead for strategic partnerships.

4.1 Regional inequalities

It is clear that regional inequalities have widened despite repeated efforts to address them. For example, London and the South East have grown faster than the rest of the country. This disparity deepened after the 2008 financial crisis, leaving behind many rural and coastal areas as well as many older industrial parts of the North and Midlands (Social Mobility Commission, 2017 p. 84). Some adult education research studies are currently under way, including a partnership with the former Department for Business, Innovation and Skills (BIS) - now led by the Department for Education (DfE) - and 60 local authorities in England, to examine whether short, part-time community learning courses help people develop strategies to manage their mild to moderate mental health problems (Foresight, Government Office for Science, 2016). This is an example of a 'green light' opportunity for adult education, health and social care policymakers to create the essential conditions for joint approaches and co-funding mechanisms.

4.2 Cross-departmental policies

Looking ahead to new policy formation, a brief review of current cross-departmental policy documents and other research to identify where there are potential links between adult education and health and well-being policy and practice highlight:

- The NHS Five Year Forward View (2017) which sets out the NHS' main national service improvement priorities;
- The forthcoming devolution of the Adult Education Budget has enabled co-design of the new Department for Work and Pensions Work and Health Programme;
- The 'Improving Lives: The Work, Health and Disability Green Paper (October 2016) , jointly prepared by the Department of Health and the Department for Work and Pensions, working closely with the Department for Communities and Local Government, the Department for Business, Energy and Industrial Strategy, NHS England, Public Health England, local government, and other partners - sets out challenges and opportunities to enable more people to reach their potential;

4 | What's happening in the current policy landscape?

- A new national Carers Strategy, supported by the Department of Health – focuses on the six and a half million people throughout the country who provide unpaid care and support to people who would otherwise find it difficult to manage;
- The Foresight policy research reports commissioned by the Government Office for Science.

4.3 Health and social care policies in England

- The government has announced its commitment to ensuring one million more people can access mental health services by 2020

In England, trends in the health and social care policy context, include a mandate from the Government to NHS England: April 2017 to March 2018 which sets out the government's commitment to one of the most ambitious expansion plans for mental health services in Europe, ensuring one million more people can access services by 2020 (p.6). The mandate also states:

“We expect NHS England to strive to reduce the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and support them to live full, healthy and independent lives. This will require great strides in improving care and outcomes through prevention, early intervention and improved access to integrated services to ensure physical health needs are addressed too.” (NHS England 2017 -2018, p.11, para. 2.14).

In 2017, the House of Lords Select Committee on the Long-term Sustainability of the NHS concurred that the health system of the future needed a 'greater focus on prevention, supported by adequate and reliable funding' (p.9). The report recommended that responsibility for adult social care should be assumed by the DoH and pointed to an urgent need to reinvigorate the integration of health and social care and to rethink the statutory mechanisms needed to deliver it. The Government has undertaken to produce a Green Paper on this.

The NHS Five Year Forward View (2017) sets out the NHS' main national service improvement priorities. This includes work with the Department of Health, other national partners and local areas to agree and support the implementation of local devolution deals which include health proposals. The overall objective to improve outcomes for improved health and well-being outcomes, experience of care by the patients and value for money (p.21). The Health and Social Care Act (2012) provided for the creation of the NHS Commissioning Board, PHE and a series of Health and Well-being boards (HWBs). These provide a forum in which clinical, professional, political and community leaders can come together to plan how best to meet the needs of their local populations and tackle health inequalities. The Health and Social Care Act also legislated for the creation of 210 Clinical Commissioning Groups (CCGs) across England responsible for commissioning the majority of NHS services, including elective hospital care and rehabilitative care, urgent and emergency care, most community health services, maternity services and mental health and learning disability services.

As part of the shift towards primary care in the community, CCGs are populated by and accountable to GPs. CCG representatives sit on Health and Well-being Boards, alongside directors of public health and adult and children's services, and together they formulate strategies based on Joint Strategic Needs Assessments (JSNAs). CCGs play a central role in formulating strategic priorities and have a commitment to reducing health inequalities. Local/Combined authorities take the lead on improving public health and well-being, while providing advice and expertise on how to ensure that the health services (which CCGs) commission best improve the population's health and reduce health inequalities. Our evidence shows CCGs perform a key role in allocating NHS funds at a local level, therefore, surely it make sense for the purse holders

4 | What's happening in the current policy landscape?

of preventive health measures get together with adult education funders. Central government needs to make this happen through new incentives linked specifically to national strategic priorities that clearly address these issues.

Devolution of decision-making and budgets provides an ideal opportunity for stronger strategic impetus that facilitates better collaboration between adult education providers and organisations working in health and well-being on a local and regional basis. Partnerships with local health providers will enable providers to make their contribution to meeting major challenges in health and social care alongside the education and skills agenda. Greater Manchester is the first of the city regions with a directly elected metro mayor to have made the arts and culture integral to its health and well-being strategy. It represents a model of good policy-making that could be replicated for the adult education sector?

Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients to a link worker - to provide them with a face-to-face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription' - so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. It is an innovative and growing movement, with the potential to reduce the financial burden on the NHS and particularly on primary care. When it comes to adult education lessons can be learned from 'Prescriptions for Learning' and earlier research undertaken by NIACE (James, 2001).

Case study 12 – Piloting feasibility projects in Gloucestershire

Exploring the impact of arts-based projects on improving health

For example, in Gloucestershire, a series of 12 feasibility projects, each costing in the region of £10,000, have been developed across the life course, exploring whether arts-based approaches could help in the self-management of a range of chronic health conditions including type 1 diabetes, dementia, cancer, chronic pain, obesity, depression and anxiety.

Social prescribing plus

This use of nonmedical interventions to meet medical needs is described by the CCG as "social prescribing plus". They highlight the programme has been underpinned by co-production, whereby artists, clinicians, patient representatives and commissioners worked together to design, develop and deliver interventions. It has been evaluated by the CCG, Create Gloucestershire and the University of Gloucestershire, and a report is due before the end of 2017 - (Extract taken from: All-Party Parliamentary Group on Arts, Health and Wellbeing Inquiry Report, July 2017 – p. 27).

There are many other interesting examples of co-production activities between adult education, health and well-being professionals, taking place in differing parts of England. In Nottingham, the CCG has made a commitment to "help those who are largely well today (most of the population) stay well through prevention and health education and manage minor issues themselves in so far as it is possible.

4.4 Adult education policies in England

In the Chancellor's Spending Review/Autumn Statement in November 2015 and in further announcements within the Budget in March 2016, it was confirmed that the Adult Education Budget (AEB) would be devolved to the nine LEP/combined authority (CA) areas with devolution deals in place from the 2018/19 academic year onwards. The principal purpose of the new Adult Education Budget (AEB), introduced in 2017/18 is to fund learning that engages more adults and helps people to move towards work, an apprenticeship or further learning, or helps people who are furthest from learning and/or the workplace. Funding to support the Adult Education Budget (circa £311.3m) includes the National Careers Service, quality improvement, data collection and management, and financial support for learners. It is pleasing to note that this figure also includes funding for community learning health pilots.

The Government's view is that the AEB funds a local service to support local labour market conditions and future economic

4 | What's happening in the current policy landscape?

development. There are considerable growing pressures on demand for the AEB, such as the emerging digital skills policy, and a focus on skills. This could though have financial implications for local areas and limits what else can be funded.

Devolution of the AEB and devolution on a wider scale present real opportunities. Subject to devolution deals being in place and “readiness conditions” being met funding decisions will rest with local skills commissioners. They will play a key role in local government reform agendas, linking with other activity aimed at supporting residents into productive and sustained quality employment, as part of an integrated education, work, skills and health system. It is currently unclear if the 2018/2019 timetable is achievable and who the skills commissioners will be in all areas, but early indications suggest that there will be local variation with commissioners in place from a wide range of backgrounds.

- The commissioning of the AEB could provide a significant opportunity to cross formal departmental boundaries to meet local skills demand and improve employability and social inclusion

In order to make the case for funding to local skills commissioners, providers will need to be able to describe the role and contribution of the adult education sector in achieving local priorities. It will be important to ensure that the AEB is targeted where it can have the greatest impact and identify where other employment and skills budgets, as well as those for health and social care might be better placed to deliver, or alternatively co-finance the support.

Choices will need to be made by the combined or local authorities, Local Enterprise Partnerships (LEPs) and partners, about what and who to prioritise, particularly, when it is estimated that the AEB could easily be spent many times over on essential statutory and policy entitlements alone. ESOL is an example of how AEB funded provision will need to be prioritised for improving employability and social cohesion. Agencies will be required to have in place robust data analytics to demonstrate that they understand the patterns and levels of need in their area, are developing provision to respond accordingly to this, and can show impact and accountability. Through their individual learner record (ILR) data returns, many providers will have to evidence their performance against outcomes-based success measures.

There are significant variations between local authority areas in relation to levels of education of adults. For example, to support future integrated skills and employment commissioning in Greater Manchester against locally driven outcomes, the key partners have been developing the Greater Manchester Outcomes Framework. This will initially guide expenditure and use of AEB, and can be used to guide other skills and employment focused funded activity such as the Work & Health Programme. This approach reinforces the need to focus on access to education and training at a local level, progression, and quality outcomes

4.5 Moving forward

The adult education sector is working hard to establish and further develop partnership links with key strategic players as new local arrangements gradually unfold. They are highly supportive of the TLAP philosophy and approach.

Think Local Act Personal (TLAP) – a DoH-funded partnership of central and local government, the NHS, provider organisations, people who use services and carers – defines co-production as ‘an equal relationship between people who use services and the people responsible for services [...] from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services’

This approach challenges professionals and organisations to avoid working in silos, discover shared territory and join forces, where appropriate. By commissioning this research, the Institutes of Adult Learning working with the All Party Parliamentary Party for Adult Education appear to be ready to meet this particular challenge.

5 Leading to successful health and well-being outcomes

There is a national adult education policy vacuum, which needs to be filled. It is essential that the Government takes the lead and determines a strategy for adult education, health and well-being that brings together the different departmental interests.

5.1 Lessons to be learned

There is a potential risk of a narrow (employment-focused) definition of outcomes that fails to recognise that individuals and communities also benefit greatly from social, education and health-related outcomes (Gambin & Hogarth, 2016). Internationally, successful learning cities like Malmö or Shanghai have recognised the merits in sub-regional coalitions to stimulate learning across the life-span, and Glasgow and Bristol offer effective examples of the value of a learning cities approach to motivation and engagement more locally (Tuckett & Field, 2016). The academic network PASCAL shares research developments in learning cities and UNESCO's Lifelong Learning Institute has taken a lead role in co-ordinating co-operation between them.

In other devolved countries, strategic frameworks are in place to guide and support health inequalities. For example:

- For example, in Northern Ireland a strategic framework for public health (2013 -2023) was published in 2014. This aims to reduce health inequalities through action across the life course. The draft Programme for Government 2016–21 includes the reduction of health inequalities, the improvement of healthy life expectancy and increased participation in culture in its list of desired national indicators.
- In Wales, 24 per cent of the population live in poverty. In 2009, the Welsh Government launched a strategic framework, entitled 'Our Healthy Future'. Health boards cover all aspects of care and operate according to a set of principles which include the attainment of health and well-being through collaboration and co-production mechanisms. The Well-Being of Future Generations Act (2015) compels all public bodies to consider the impact of their decisions upon the social, economic, environment and cultural well-being of the people.
- In Scotland, the National Performance Framework for Scotland was published in March 2016. Prior to this, a Ministerial Task Force on Health Inequalities published a report entitled 'Equally Well' (2008). This framed and prioritised health inequalities as both a matter of social justice and a means of achieving sustainable economic growth. 'Equally Well' contained useful guidance on areas of policy that are likely to be effective in reducing health inequalities, acknowledging cultural conditions as a factor. Around this time, a new scale was launched to enable the measurement of wellbeing at a population level: 'The Warwick-Edinburgh Mental Well-being Scale [WEMWBS]. This was funded by the Scottish Government's National Programme for Improving Mental Health and Well-being, commissioned by NHS Health Scotland, developed by the University of Warwick and the University of Edinburgh'. It is based upon the understanding that subjective well-being can be used to measure a particular programme's effectiveness.

5 | Leading to successful health and well-being outcomes

WEMWBS has been included in the Health Survey for England and the Scottish Health Survey. It was also inserted into the British Cohort Study 1970 (BCS70) at age 42 alongside questions about arts engagement, yielding a dataset of around 17,000 entries, which enables cross-sectional associations between subjective well-being and arts engagement to be studied at scale. There are other measures and tools that aim to capture health and well-being such as: The Generalized Anxiety Disorder 7 (GAD-7) measures that assesses learners' levels of anxiety before and after a course. For example, this was a requirement for providers on the earlier Department for Business, Innovation & Skills (now led by DfE) community learning and mental health project, as mentioned above.

5.2 How to best measure impact?

A key question is: to what extent are national policy-makers and local Commissioners of adult education, health and well-being in England aware of such approaches and how can good/interesting research be scaled effectively? There needs to be agreement on the measurement and assessment tools recognised by government and Commissioners responsible for national and local funding. As our evidence has shown, places such as Greater Manchester, Gloucestershire and Nottingham are focused on addressing these and other local issues.

Over the last five years or so, adult education providers in England have considered how to best measure the impact of their work in terms of the 'personal development and well-being outcomes' or added-value that is more difficult to measure than achievement of learning outcomes and qualifications.

Case study 13 – Measuring improvement in mental health on adult learning project

BIS Community Learning Mental Health Pilots

The Northern College took part in the BIS Community Learning Mental Health pilot programme, which was highly successful. A large number of college students reported having mental health issues and this pilot project enabled a focussed engagement, including some measuring of the impact of the learning at Northern College on the mental health of participants with mild to moderate mental ill health.

Using the GAD7 measures

Providers of this programme were required by BIS to use the Generalized Anxiety Disorder 7 (GAD-7) measures to assess learners' levels of anxiety before and after the course.

The results of a wellbeing retreat attended at Northern College by 37 students showed on average depression levels halved and anxiety levels more than halved. Nine individuals reported that they no longer had any depression or anxiety symptoms and a number subsequently came entirely off medication.

Visit: <https://www.ncbi.nlm.nih.gov/pubmed/16717171> and <https://patient.info/doctor/generalised-anxiety-disorder-assessment-gad-7>

Adult education providers are making good use of learner surveys and self-assessment questionnaires to capture evidence of how their provision has improved their learners' health and well-being. This is often as a value-added component, in addition to a main learning goal or qualification. However, our evidence indicates that there is still too much reliance on individual anecdotes and too many bespoke systems that are unique to each institution



5.3 Joint working

Local anchor institutions, such as adult education centres, colleges, universities, hospitals, clinical settings, community groups and local authorities, can play a significant role in improving individuals and families health and well-being. They offer great potential to implement effective policies and practices in local partnerships that promote inclusiveness and a sense of belonging in society. However, this is made difficult for providers to operate when there is no national strategy and/or policy framework for adult education, the infrastructure keeps changing and resources are limited.

6 What needs to change?

Inequalities of social and cultural capital inevitably imply unequal outcomes from informal learning in the family and home.

In this final chapter, set out what needs to change to stimulate demand for and access to more opportunities for all, particularly those most vulnerable in our society. We also highlight six key recommendations for implementation at a national, regional and local level.

6.1 Four key themes to be addressed

The numbers of adults participating in formal education is on serious decline in local communities. Research such as the OECD 2015 report on income inequality, social mobility and economic growth (2015) demonstrates that dedicated provision for adults returning to first rung learning is highly important. This maximises engagement, retention and progression for those who might otherwise become lost in the less tailored support offered in general Further Education (FE) provision. Four key themes need to be urgently addressed by Secretaries of State, Ministers, policy-makers and providers as discussed below.

A. Greater alignment of strategic priorities and funding streams

The fact that adult education is a route to improved quality of life for both individuals and families, and can also help prevent health and well-being issues and support recovery from injury and illnesses is highly relevant and should feature in national and local strategic priorities.

- There is a need to promote adult education's role in healthcare prevention strategies that contribute to towards easing demand on acute health services. This needs Ministerial interest and commitment to bring about the necessary policy changes that will put adult education in a sustainable position for the future.
- Local commissioning arrangements must include a mix of grant allocations and directly procured services, including adult education, health and well-being, to enable areas to focus on targeting gaps in provision to address resident learners' needs.
- Greater flexibility and alignment of funding streams can support targeting individuals and groups most in need. This can bring more flexibility in provision and ensure better value for money. Changes to funding and skills changes since 2010 have squeezed the social infrastructure between adult education, Further Education (FE) and wider community-based organisations. Whilst closer collaborative working is underway to share expertise and services, this remains piecemeal.

B. Capturing the evidence

There is much evidence of the positive impact and efficacy of adult education on individuals, communities and other public services, however, it so neglected by policy-makers.

- Secretaries of State, Ministers, and those responsible for NHS 'Sustainability and Transformation Partnerships' (STPs), Health and Well-Being Boards, Clinical Commissioning Group (CCGs), Local/Combined Authorities and Local Enterprise partnerships (LEPs) need to have greater access to the evidence of successful policies and practices in improving health and well-being through adult education. There is a critical need to build upon existing health and well-being surveys to identify any gaps in research, including those that examine whether short, part-time community learning courses help people develop strategies to manage their everyday lives more effectively.
- Central government and local/combined authorities will need robust data on area-based outcomes from providers, to measure the impact of the devolved AEB. A challenge to the adult education sector is to provide leadership, prove their worth, and report more broadly and directly on the impact their work has on the health outcomes. Data on the wider outcomes of adult education should be based on national systems and there needs to be more evidence of sustained benefits in larger population groups over time.
- There are significant benefits to be gained in capturing contextualised adult education, health and well-being e.g. There are significant benefits to be gained in capturing contextualised adult education, health and well-being e.g. the Good Things Foundation and its work with NHS shows health inequalities account for well in excess of £5.5 billion in healthcare costs to the NHS annually. Based on a cost to the NHS of £45 per GP visit, ensuring everyone had the Basic Digital Skills to access health information online would provide savings of £121 million a year by 2025. The British Household Panel Survey (BHPS) analysis indicates adults' participation in a part-time course can lead to: improvements in health, which has a value of £148 to the individual; a greater likelihood of finding a job and/or staying in a job, which has a value of £231 to the individual; better social relationships, which has a value of £658 to the individual; and a greater likelihood that people volunteer on a regular basis, which has a value of £130 to the individual (Fujiwara, 2012). As well as quantitative data, there is also significant scope to produce more videos/podcasts of adult education in care homes, healthcare centres, schools, community centres, libraries and workplace settings, to inspire individuals and family learning.

C. Getting the message across – to policy makers and professionals in adult education, health and well-being sectors

The lack of joined up policies between the education and health and social care sectors often results in missed opportunities for collaborative and co-productive work between sectors and professionals. As a result of fragmented national policies, people often fall between the gaps in health and education practice.

- National and local policies must focus on ratcheting up the demand for adult education provision, particularly from healthcare sectors (and in healthcare contexts).
- New developments in social prescriptions that include 'prescribing for learning' should help partnerships to engage with the process of creating a healthy society and focusing on the health and well-being of individuals. But this will only work if there is government backing.

D. All policy interventions should consider how inequality can best be addressed

The Social Mobility Commission (June 2017) indicates new divides have opened up in Britain, across geographies, income groups and generations.

- Inequalities of social and cultural capital inevitably imply unequal outcomes from informal learning in the family and home (Tuckett & Field, 2016). In considering how best to address the issue, the benefits of targeting have to be balanced against the risks of stigmatisation.

Six Key Recommendations

We recommend that:

1. The Institutes of Adult Learning and other adult education providers should work together with the health and social care sectors make most of the significant scope to produce portfolios of podcasts, videos, case studies and conclusive statistics to bring the evidence alive and readily available and so that this work is at the forefront of national policy dialogue. This should be supported through an organisation such as the Education and Training Foundation.
2. Government and leading research bodies should support adult education, health and well-being organisations to develop a national tool(s) for measuring the impact of adult education on improving individuals health and well-being as a priority.
3. The All-Party Parliamentary Group for Adult Education should work with the Institutes of Adult Learning and partners, including other relevant APPGs to disseminate policy briefings on specific aspects of this work to Ministers and health and well-being agencies and professional bodies.
4. The Institutes of Adult Learning and adult education regional networks should be invited by those responsible for NHS 'Sustainability and Transformation Partnerships' (STPs), Health and Well-Being Boards, Clinical Commissioning Group (CCGs), Local/Combined Authorities and Local Enterprise partnerships (LEPs) to contribute to the development and delivery of health and well-being objectives at regional and local level and should present their findings to NHS Improvement.

The benefits of adult education for health and well-being are not widely known within health provision, particularly working with vulnerable groups in our society. To increase the demand and take-up of for adult education through links with the health sectors, we recommend that:

5. The Institutes of Adult Learning (IALs) and adult education networks, work with Healthwatch, the Patients Association, trade unions and other representative organisations, who work with adults and family learning initiatives to advocate the health and well-being benefits of adult education to wider public.
6. Adult education should be incorporated onto the Prescriptions for Patients systems across all NHS England. This needs to be promoted to all healthcare practitioners through local and national initiatives.

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