Public Health England

UCL Institute of Health Equity

Local action on health inequalities:

Adult learning services

Health equity briefing 4: September 2014

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About the UCL Institute of Health Equity

The Institute is led by Professor Sir Michael Marmot and seeks to increase health equity through action on the social determinants of health, specifically in four areas: influencing global, national and local policies; advising on and learning from practice; building the evidence base; and capacity building. The Institute builds on previous work to tackle inequalities in health led by Professor Sir Michael Marmot and his team, including the 'Commission on Social Determinants of Health', 'Fair Society Healthy Lives' (The Marmot Review) and the 'Review of Social Determinants of Health and the Health Divide for the WHO European Region'. www.instituteofhealthequity.org

About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

Matilda Allen wrote this briefing for IHE.

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Adult learning services

Summary

1. Adult learning can have indirect benefits by improving social capital and connectedness, health behaviour, skills, and employment outcomes, each of which affect health. There is also some evidence that adult learning has direct positive effects for mental health.
2. Improving skill levels and qualifications can have a positive economic impact – it has been estimated that the lifetime return on investment of level 1 courses for those aged 19-24 is £21.60 for every £1 invested.
3. There is a gradient in need for adult learning – people in more disadvantaged groups tend to have fewer qualifications, lower levels of initial education and lower skill levels. However, participation in adult learning tends to be lower among those who need it most. If this gradient in participation was reduced, provision could help to reduce health inequalities by improving skills and qualifications among most disadvantaged groups.
4. Local authorities have a key role both as a provider of learning and in partnership with others, including local businesses (in part through local enterprise partnerships), Jobcentres, the voluntary and community sector, and the education and training sector.
5. A lifecourse approach to learning is important. Those at different points will benefit most from different types of learning. For example, non-formal and informal learning for older people can decrease social isolation, whereas family learning for parents and children can help to tackle the intergenerational transfer of disadvantage.
6. Many adults in need of learning opportunities will face specific barriers to participating, such as financial constraint, which must be addressed if learning is to benefit all groups. To increase the likelihood of positive outcomes, many individuals will need support to manage this transition.
7. Employers can add value to local adult learning in many ways. They also have a training role in relation to their own employees, which local authorities can support and encourage.
8. Community engagement is key to understanding how best to deliver adult learning courses. Programmes can also use other community assets, such as libraries or universities.

Introduction

Education in adulthood can have a positive impact on the health and wellbeing of participants and, in some cases, their families and the wider community. There is also some evidence that adult learning could help to reduce health inequalities.

Adult learning is defined here as all learning delivered for those over the age of 18, not including official tertiary education such as university degrees. The emphasis is on provision delivered in the community, by (or commissioned by) the local authority, in partnership or alone. This includes officially accredited (formal) and non-accredited (non-formal) courses.

While there is significant action in this area, much of it targeted at areas of greatest need, social gradients in adult learning participation, and in skill levels remain. This briefing gives some

principles for action in order to tackle the inequitable distribution of learning and outcomes. It is based on the longer evidence review on this topic, which provides references, further detail, and additional case studies and interventions.

Improving skill levels and qualifications can have a positive economic impact – it has been estimated that the lifetime return on investment of level 1 courses for those aged 19-24 is £21.60 for every £1 invested.[1]

The links between adult learning and health inequalities

There is evidence that adult learning can have indirect health benefits. For example, adult learning can increase social capital and connectedness, including for older people, which in turn, has a positive effect on health.[2-4] There is also some evidence that adult learning can have a positive effect on health behaviours but the findings vary across studies.[3,5,6]

Where adult learning programmes result in an increase in skills, this may affect health.[7-10] Adult learning can help unemployed people to gain work, and help those who are employed to gain promotions or wage increases.[1,11-13] There is good evidence that employment has benefits for health, particularly for people in good quality work.[14] Therefore improved skills, employment prospects and progression in work are likely to benefit health. There is some evidence that adult learning is related to better physical health,[15,16] although it is difficult to establish causal links. However, there is better evidence that adult learning improves mental health and wellbeing.[5,17,18]

Adult learning is related to inequalities in three main ways. Firstly, there is a clear social gradient in 'need' for adult education, since lower literacy and numeracy skill levels are more common among people who live in areas of deprivation, those in more disadvantaged socio-economic positions, those with few educational qualifications and the unemployed – factors which are themselves associated with worse health.[19-22]

The second inequality associated with adult learning is that of participation. While adults with lower skill levels and worse health have a greater need for education and training across the life course, it is not matched by their participation in adult education. People in the most advantaged social class are about twice as likely to be taking part in adult learning as those in the most disadvantaged.[23] Similarly, participation varies according to employment status (a much higher percentage of those in full or part-time employment are likely to engage in adult learning than those who are not working) and previous qualifications (those with the most qualifications are proportionately more likely to participate in adult education).[11] The fact that participation in learning is not equally distributed throughout society points to the barriers to participation that some people face. These include lack of access, confidence, or financial barriers.[19] Recent declining rates of participation in adult education may be at least partly due to increased financial difficulties in accessing provision. In 2005, 21% of people reported cost as an obstacle to learning. By 2010, this had almost tripled to 58%.[11]

Finally, there is some evidence that participation in adult education can have a greater effect on health and social outcomes for people in more disadvantaged social groups.[15] This 'levelling up' effect – where those in more disadvantaged positions benefit most – has been found in relation to coronary heart disease risk, self-rated health, changes to health behaviours, and increases in wages.

What works to improve adult learning services?

To maximise the positive effect of adult learning on health equity, the evidence suggests that policies should be universal but delivered with a scale and intensity proportionate to need (proportionate universalism). The evidence has suggested five key features for implementing successful adult learning programmes.

1. Adopt a life course approach to learning

At different stages of life people will benefit most from different types of learning. For example, non-formal and informal learning for older people can decrease social isolation,[24] and family learning for parents and children can help to prevent disadvantages being passed from generation to generation. Learning that recognises, and responds to, varying priorities and needs at different stages of the lifecourse, may help to reduce health inequalities. Box A provides an example of local action to prevent poor educational outcomes and being passed from parents to children.

BOX A

Family literacy programmes

Family literacy programmes aim to address the transmission of poor literacy standards from parents to children by teaching them together. A two-year evaluation project to assess the impact and effectiveness of family literacy programmes in England, which reported in 2010, found that the courses had a positive impact on parental writing and reading, and a substantial effect on the reading and writing of children.[25] Other benefits included:

- 64% of parents reported becoming more involved in their child's school
- 76% of parents reported "changing as a person" (usually increased confidence or feeling more capable)
- 55% of parents had been on another course, 84% were thinking of taking one

The project cites a number of "key success factors for local authorities, schools and practitioners":

- strong leadership, including managers from educational backgrounds and support from head teachers
- short taster courses to encourage engagement
- flexible approach, including maintaining programmes even when enrolment was low
- clear routes of progression, promoting achievements and activities
- local authorities developing strong relationships with schools
- provision of crèches
- parent support or liaison officers, and past participants as 'learning champions'
- local, convenient and familiar venues with good resources and materials

2. Smooth transitions into and out of learning

Many people who are most in need of learning opportunities may face specific barriers to participating (such as financial constraints) which must be addressed if learning is to benefit all sections of the community.[19] Barriers to learning can be effectively tackled by offering financial assistance, and by the involvement of referral agencies. For example, where local authority adult learning providers work closely with local Jobcentres, they can more effectively reach people who

are not in work.[26] Other agencies can also operate as referrers, for example, box B demonstrates how the NHS in Gloucestershire, took an active role in 'prescribing' education.

To have the best chances of learning contributing to positive outcomes, adults leaving courses or other provision will also need support to manage this transition – for example, with support to move into work or maintain beneficial social contact. In addition, some life transitions provide unique, focussed opportunities to engage adults in new learning experiences. For example, everyone leaving prison can be offered guaranteed learning opportunities.[27]

BOX B

Adult Education Gloucestershire[28]

Adult Education in Gloucestershire (AdEd) works with community partners to offer learning to hard-to-reach clients (those with addiction issues, who are homeless, or leaving prison). Good partnership working and mutual trust enables projects to support learners in developing economic independence through tailored learning programmes. AdEd is a council programme, with funding from the skills funding agency.

AdEd works with many different agencies and organisations, and the tutors are practitioners within the teaching area.

One of the programmes offered, 'art lift',[29] involved health professionals referring patients to a ten-week art programme delivered in a primary care setting. Patients are referred to reduce stress, anxiety or depression, improve self-esteem or confidence, increase social networks, alleviate symptoms of illness, or improve wellbeing.

Independent evaluation carried out by the University of Gloucestershire[30] found:

- a significant improvement in wellbeing for those who completed the programme
- a high percentage of people referred were from more deprived areas and had good adherence levels
- patients reported increased confidence, enjoyment, social interaction and support
- referrers found the intervention a valuable resource for health professionals that helped them respond with a holistic approach to health problems

3. Design programmes to engage and retain participants

There is evidence to show that some features of programmes work particularly well to engage the public and create positive outcomes. These include:

- a combination of self-study and programme attendance[31]
- courses that support those who experience increased stress or anxiety as a result of re-engaging with learning
- recognition of 'soft' outcomes such as improvements in self-confidence, tends to lead to lower drop-out rates[9]
- recognising and tackling deep-seated barriers to employment, rather than just teaching job search skills, for employability programmes[26]
- good levels of staff training and, where possible, qualified teacher status[9]
- embedding literacy and numeracy learning in vocational programmes, for increased retention and success rates[9]

4. Work with employers

Local authorities have an opportunity to encourage workplaces to deliver learning and training in a universally proportionate way: available to all but targeted progressively towards those with greater levels of need for example, those with lower pay, lower status or job grade, or those who are more vulnerable. Local enterprise partnerships offer means for local authorities to work with employers.

Local authorities have a role in encouraging employers to take an active role in local adult learning provision. When planning local courses that are aimed at increasing vocational skills or aimed at increasing employment, providers should be working with local employers to understand their needs. Delivery has been shown to be particularly effective where local employers are involved, and offer work placements or trials.[26]

Employers also have a role in provision of adult learning for their own employees. Where possible, local authorities can encourage and support employers to offer educational opportunities, particularly for lower grade staff.

5. Engage the community

Community engagement and understanding is key to understanding how best to deliver adult learning courses. Local authority-provided adult learning courses are usually delivered in the local community and can make good use of physical community assets, such as libraries or colleges. Courses should be based on a good understanding of local needs, priorities and resources.[19,32] As described in box C, establishing a role for those who know the local community can work well.

BOX C

Community learning champions lone parents project[33]

Community learning champions (CLCs) are often volunteers who work within their communities to promote learning. A national support programme (set up in 2009) registers CLCs and connects them to a nationwide movement. CLCs take on a range of roles, including talking to members of the community, delivering courses, running taster sessions, and mentoring.[34]

The CLC lone parent pilot was a project for those aged 19-25, who were raising a child or children on their own. The aim was to engage this group in further learning, using local CLCs to reach those who were hard to reach or disengaged.

There was not a full evaluation, but feedback highlighted improved skills, confidence, and self-esteem among CLCs. The impact on lone young parents included improved confidence, motivation and self-esteem, engagement in learning, awareness of support available to improve health, housing, relationships and money management, increase in support networks, greater awareness of how to support their children to learn, improved employment chances, more positive relationships with services, improved skills in literacy, numeracy and parenting, and engagement in volunteering.

Critical success factors cited in the CLCs lone parents project were:

- crèche provision
- consultation and being responsive to local needs
- having the right staff – including CLCs who have the appropriate support and training
- partnerships and joint work are crucial
- recognising that it takes time to engage ‘hard to reach’ groups

Conclusion

Adult education has the potential to be valuable for public health. There is good evidence that adult learning can have positive effects on health and wellbeing, in part by improving employment outcomes, increasing social contact, and reducing unhealthy behaviours. However, this potential has not been fully realised, as those who could benefit most from adult learning are currently least likely to participate.

Drawing on examples from local action and underpinned by evidence from the wider literature, five principles for action have been identified. Being aware of, and responding to, the different needs and situations of participants at different stages of the lifecourse is likely to increase the success of learning provision. Evidence also suggests that many sections of the local community will face barriers to participation, including financial barriers, which need to be addressed. It is also important to assist participants into and out of learning in order to ensure these transitions are successful. Designing programmes according to principles which have been shown to work, involving local employers at every stage of the process, and working with the local community (including local resources such as libraries or colleges) will also help to ensure that local provision best meets the needs of the local population.

Local authorities have a key role both as a provider of learning and in partnership with others, including local businesses (in part through local enterprise partnerships), Jobcentres, the voluntary and community sector, and the education and training sector. Such action can help to improve the health of local people and potentially reduce health inequalities.

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