

**Research review paper on Health and Adult Learning
European Agenda for Adult Learning 2015-2017**

Context

Learning and Work Institute (LWI) is the UK National Coordinator for the European Agenda for Adult Learning (EAAL). The current programme is a continuation of the work begun by NIACE in 2012 and is jointly funded by the European Commission's Education, Audiovisual and Culture Executive Agency and the UK Government's Department for Business, Innovation and Skills (BIS). The activities aim to contribute to the European Agenda by linking adult learning to wider socio-economic policy in the UK; raising awareness of the public value of adult learning to UK citizens, and increasing the participation of low-skills or less well qualified adults.

The 2015-17 work programme has three themes – health, work and communities, reflecting important policy areas where adult learning has a great deal to contribute. This research review paper will identify the research evidence on the contribution of adult learning to health and wellbeing, with an emphasis on impact and change relating to individuals; policy and practice.

Research Questions

The overarching research question to be addressed is: What is the impact of participation in adult learning on physical and mental health and wellbeing?

Within the paper there is also a series of subsidiary questions, which reflect the current and emerging practice within adult learning, and therefore the key issues on how impact and change relating to individuals, policy and practice are evolving or perhaps where there are gaps in evidence and understanding. The five subsidiary questions are:

1. What is the relationship between adult learning and physical and mental health and wellbeing?
2. How are the health outcomes defined and measured in studies on adult learning and mental health?
3. What is the impact of adult learning on individuals' empowerment and inclusion in health?
4. To what extent do health professionals understand the role of learning in improving health outcomes?
5. To what extent do learning professionals (tutors and leaders) recognise learning for health and wellbeing as part of their role and do they get support for it?

The impact of education on physical and mental health and wellbeing?

Feinstein et al (2002¹) reviews the impact that education has on health. Building on previous work by Acheson, the review supports the international evidence that education is strongly linked to health such as health behaviours, risky contexts and preventative service use.

In short, those with more years of schooling tend to have better health and wellbeing and healthier behaviours. Education is a mechanism that enhances the health and wellbeing of individuals because it reduces the need for healthcare, associated costs of dependence on services, lost earnings and personal suffering. Education, through increased information and awareness also helps to promote healthy lifestyles and positive choices, supporting and nurturing human development and relationships and personal, family and community wellbeing. Moreover, a substantial element of this effect is causal and operates within multiple, multi-layered and interacting contexts. Education impacts on individuals and on each layer of context at each level.

This is relevant in the scope of this review of the impact of adult learning on physical and mental health and wellbeing in that years of schooling also impacts on likelihood of engaging in adult learning. Those with less schooling tend not to access or participate in adult learning, yet when they do can experience greater impact on health and wellbeing. Equally, poor health can interrupt and disrupt early education which has implications for those who seek or who are referred for adult learning for health and wellbeing reasons in later life.

What is the impact of participation in adult learning on physical and mental health and wellbeing?

Numerous reviews and reports evidence how participation in adult learning, both formal and informal, impacts on physical and mental health and wellbeing – Dolan, Fujiwara and Metcalf (2012), BeLL Project Research Report (2014), Dinis da Costa, Rodrigues, Vera-Toscana and Weber (2014). Many of these reports build on the work on Feinstein, Hammond, Preston, Sabates et al of the Centre for the Wider Benefits of Learning from 2002 to 2008.

All of the reports identify that participation impacts on health and wellbeing through a number of mechanisms. Participation in adult learning impacts on physical and mental health and wellbeing at different levels:

- Sense of self – feelings of self-worth, self-confidence and self-esteem, satisfaction and happiness with life, aspirations and expectations from life and a sense of control.
- Personal health – reduction in symptoms and pain, use of services either reducing over use of services, or better use of preventative services, as well as changes in health behaviours.
- Family – interaction within the family around issues and concerns about health and wellbeing
- Social life – increased level of social interaction within the learning environment but also getting out more – reduction in social isolation, use of leisure time and participation in civic life and volunteering.
- Work – higher aspirations to get back to work or get on at work, increased expectations from work, improved skills for work.

These impacts have now been well documented and for many adult learning staff and learners instantly recognisable. The important question is why does this happen and what is the relationship between adult learning and physical health and wellbeing.

What is the relationship between adult learning and physical and mental health and wellbeing?

The BeLL report sought to investigate the individual and social benefits perceived by adult learners from their participation in adult learning, but also sought to understand, refine and develop the definitions and the categorisation of the benefit in adult education research, and to document and interpret the benefits learners perceive from participation in adult learning.

In so doing, they seek to systematise the benefits using the concept of 'capital'.

- Human capital – the know-how and qualifications that enable participation in the economy and society
- Social capital – networks in which people actively participate, access to individuals and groups, promotion of social integration, civic engagement and social cohesion. It refers to the norms of trust and co-operation, not as an individual characteristic but as a social one.
- Identity capital – personal resources such as self-esteem, self-efficacy, resilience and internal locus of control.

Notions of capital have been used to look at the social and economic dimensions of health and wellbeing. Notably the Foresight Project (2008) defined mental capital as

'a person's cognitive and emotional resources. It includes their cognitive ability, how flexible and efficient they are learning, and their emotional intelligence such as social skills and resilience in the face of stress. It therefore conditions how well an individual is able to contribute to society and also to experience a high personal quality of life'

This notion of mental capital seems to encompass human capital (contribute to society), social capital (high personal quality of life) and identity capital (cognitive ability, ability to learn an emotional intelligence).

Building on this it then defines mental wellbeing as

'a dynamic state in which individuals are able to develop their potential, work productively and creatively, build strong relationships with others, and contribute to their community.'

It is enhanced when the individual is able to fulfil their personal and social goals and achieve a sense of purpose in societyⁱⁱ

These levels of capital are dynamic and change over time in response to the context in which individuals find themselves, but also recognises that the individual can be a key player in building or reducing capital. In this context, the BeLL report introduces the idea of 'capabilities' as

"the ability to shape one's own life is (or can be) built and rebuilt throughout the life courses. The less people build this ability the more they are at risk of social exclusion. The more they build this ability the higher the potential to achieve personal and collective goalsⁱⁱⁱ

In this sense participation in adult learning can be seen as providing an opportunity to 'shape one's life', either directly through the acquisition of skills, knowledge, status, role, income, and opportunities for social interaction or indirectly through the acquisition of thinking skills, communication skills and a sense of control and ability to decide for oneself. These factors help to shore up a sense of self-esteem and self-efficacy and help to create a virtuous circle of confidence, personal agency and action. There is of course an interconnectedness between the different types of capital and the degree of capability, which possibly accounts for why learners may have participated in learning to address one aspect of capital such as social capital only to find that it impacts across identity capital and human capital.

In attempting to define and quantify the impact of participation in learning across the European partners the BeLL project developed a questionnaire. The questionnaire consisted of 35 benefit statements that represented 14 concepts such as locus of control, self-efficacy, sense of purpose, mental wellbeing, physical health, health behaviours, work-related benefits and changes in educational experience. Questions were grouped in to three main higher order categories – Control of one's life, Attitudes and social capital and Health, work and family. The research highlighted the interconnectedness between all three categories. Changes in attitudes (to adult learning, learner self-confidence, tolerance) and more active social engagement, in turn generated a greater sense of self-control of one's own life and also leads directly to benefits related to health, work and family. Moreover, a sense of control and benefits related to health, work and family were also connected and both impacted on increased self-confidence and attitudes.

This links back to the work of Feinstein; that education effects on health and wellbeing at multiple, multi-layered and interacting contexts at all levels.

While the research points to the beneficial impact of participation in adult learning on physical and mental wellbeing, the question remains as to whether this is always the case and that participation in learning impacts on health and wellbeing is a 'given'. Do some learners benefit more? And do the learners and tutors as participants in the learning experience have a role to play?

Adults who have not had positive experiences of initial schooling find it harder to access adult learning. This can be because of structural and personal barriers. For this reason, how teaching is structured and delivered could be perceived to have an important role in helping to dismantle these barriers and play a key role in impacting on the multiple, multi-layered and interacting contexts in which learning impacts on health and wellbeing.

In 2002, Preston and Hammond^{iv} recognising the impacts of learning on health and wellbeing as being about acquisition of skills and knowledge but also about self-esteem and confidence, looked at whether the delivery of teaching required a conscious input that sought to enable learners to develop both aspects. Focussing on FE, they talked to a range of practitioners teaching both 16-19 year olds as well as adults. Practitioners were asked what they felt were the beneficial aspects of their course. Responses were

Interaction between students	85%
Course Content	81%
Responsibility for own learning	79%

Sense of purpose	66%
Teaching style	62%
Learning environment	50%
Structuring of student time	46%
Extra- curricular activities	27%

Preston and Hammond state that therefore process is seen as important as content to the learning opportunity, though process could not occur without content.

In exploring what factors contributed to the process, practitioners noted the pastoral side of teaching – teachers who showed an interest in learners, treating them with respect, patience and understanding; encouraging social interaction and participation through group activity; using assessment to show successes (especially where learners had not experienced success before); and using real life scenarios to facilitate transferability of skills. These are teaching skills that enable learners to build or rebuild capabilities to increase levels of capital.

The BeLL report also explores these ideas and asked learners about various factors relating to their learning experience. Within the research, 85% of respondent reported seeing adult learning as an important opportunity. Across all learners certain aspects were rated as very important or important:

Opportunity to learn new things – very important – 50.2%, important – 35.4%

Content and theme – 47.5% - very important, 37.7% - important

Teacher as a person – 47% - very important, 33% - important

Opportunity to be an active member of a group – 29.1% - very important, 35.9% - important

Group activity – 21.2% - very important, 36.6% - important.

When broken down by level of learning, the differences are more marked

Teacher personality

Level 1 or lower – 63.5% - very important, 25.6% - very important

Level 5 or 6 – 45.6% - very important, 32.4% - important

Group activity

Level 1 or lower – 35.1% - very important, 34.7% - important

Level 5 or 6 – 18.7 - very important, 34.8 – very important.

It seems that at a lower level of learning the capabilities of the teacher and the opportunities to promote social interaction are fundamental in promoting the value of lifelong learning, but also to ensuring health and wellbeing impacts. It is unclear how far teachers and managers develop this in their practice and provision. And whether taking more of a conscious and concerted approach to enhancing these elements would yield greater outcomes.

Hammond also notes that

The ethos of a class or educational establishment can also contribute to individuals' self-esteem..... Support and encouragement from teachers not only contributes to educational success, it also develops self-esteem directly^v

While learners at different levels value the different aspects of their learning experience to a greater or lesser extent, the health impacts from participation in learning also differs between type of learners. Here the picture is more complicated and affected by previous life experiences – of education and learning, existing health and wellbeing status and conditions, employment status, social connectedness as well as age and gender. The review of research states that there are differences between how different groups of learners experience different outcomes. The BeLL report concludes that:

- Male respondents reported more changes in self-efficacy;
- Female respondents reported more changes in attitudes and social capital, specifically tolerance, social engagement and educational experience
- Women also reported more benefits in health, family and work, except for work-related benefits
- Younger and older respondents reported more improvements in sense of purpose in life
- Older participants significantly benefitted in terms of health and mental wellbeing
- Those with educational levels 1-3 benefit from improved sense of control of own life, particularly in self-efficacy and sense of purpose. The report concludes that

'the difference between perceived benefits between different educational levels concerning CONTROL OF OWN LIFE, ATTITUDES & SOCIAL CAPITAL and HEALTH, FAMILY, & WORK is

obvious. The difference is linear and statistically significant. The respondents with lower educational level benefit more from liberal adult education than those with higher educational level.

To be more precise, all respondents experience changes, regardless of their educational background, but respondents in the lowest ISCED level report bigger changes than others. They selected the 'much more' option almost three times as often as respondents with the highest ISCED level (32.7% versus 12.8%).^{vi}

Dolan et al also report the impact on differing groups

'Focussing resources on male and older learners may produce the largest impact on some health outcomes and encouraging low income groups into formal learning would produce relatively large health benefits^{vii}

Duckworth et al noted that learning between the ages of 40-60 years produced

"• an effect of leisure or interest-related learning on increased life satisfaction, in relation to women

• an effect of leisure or interest-related learning in decreasing female depression

• a positive effect of leisure or interest-related learning on self-efficacy

- a positive impact of work-related training on life satisfaction
- a positive impact of work-related training on self-efficacy
- a significant unconditional association between work-related training and improvements in depression – although this is reduced once controls are included in the model.^{viii}

Participation in learning therefore does impact on health and wellbeing across an individual's life course, and could therefore be deemed to be a 'good thing' for supporting people to sustain and improve their health and wellbeing. These benefits are at an individual level but also important at a societal level. It has important implications for policy on adult learning and for policy and budgets across other government departments.

Against a broader social inclusion agenda, the recognition and understanding that participation in adult learning has a beneficial effect on health and wellbeing, some adult learning provision has been specifically targeted at those who experience poor health and wellbeing. Particularly, those with mental health problems. Health and wellbeing impacts would therefore show whether participation in adult learning has a curative or restorative impact as well as a sustaining impact on health and wellbeing. One in four adults in Britain will experience a diagnosable mental health problem in any one year and over 16% of the population meet the criteria for anxiety and depression, which often occur together. Mental health problems are caused by a variety of interacting factors. Genetic predisposition plays a part but also do psychological, social and environment factors: social isolation, unemployment, poor housing, low income, low educational level, distressing life events and childhood events all impact on mental health and wellbeing. Mental health is often best thought about in terms of wellbeing: of being about confidence, optimism about the future, feeling a sense of control over one's life and satisfying and supportive relationships rather than an absence of illness and symptoms. Participation in adult learning would therefore seem to have potential to make a difference.

A partnership between The Changing Minds Centre (Northamptonshire Teaching Primary Care Trust) and Northamptonshire County Council Adult Learning Service developed a project called Learn 2b. This 3 year programme of community based learning adult learning aimed to offer non-medical treatments for people with mild to moderate anxiety and depression. Courses included well-being courses, creative courses and healthy living courses. Evaluation of the courses were collected using the Hospital Anxiety and Depression Scale (HADS) and the Recovery Evaluation Form (REF).

As a result of doing the courses learners reported feeling happier and more relaxed, feeling more able to deal with stress, finding better balance, tackling problems, increased self-confidence, having the ability to recognise and challenge negative thought patterns and having more focus in life.

Significantly, completion of the HADS questionnaire showed that participants had improved in all three domains (wellbeing, depressive symptoms and anxiety symptoms) and that their improvements were maintained over the project. The average HADS score for anxiety shifted from a classification of 'moderate anxiety' to mild anxiety' and the HADS depression score shifted from 'mild depression' to a sub-clinical level.^{ix}

In 2015, a BIS commissioned project looking at the mental health outcomes of participation in adult learning for people with mild to moderate mental health problems. Involving 62 pilot project across England, learners participating in a range of community learning opportunities complete standardised, clinical questionnaires. The questionnaires: Patient Health Questionnaire (PHQ9) Depression test, the Generalized Anxiety Disorder 7 (GAD7) and the Warwick Edinburgh Mental Well-being Scale (WEMWBS) are completed by learners at the start of their learning and at stages throughout their learning journey. While too early to report on outcomes, the issue is that standardized clinical tests are being used to assess the impact of community learning on the mental health and wellbeing of people with a diagnosis of mild to moderate mental health problems.^x

How are health outcomes defined and measured in studies on adult learning and health?

Throughout all the research there are a number of ambiguities and complexities. Even defining health and wellbeing is not straightforward. Physical health and mental health cannot always have been seen as distinct factors – mental health impacts on physical health and vice versa, both negatively and positively so that it looking at overall impact it can be hard to unpick. Health behaviours are also influenced by health and wellbeing in ways that can be quite complex. The terms health and wellbeing are open to interpretation and in the case of wellbeing can be quite nebulous and subjective.

Health and wellbeing itself is influenced by factors such as family, income, environment, culture, gender, just as education is also influenced by those things. Causality in showing that adult learning impacts on health and wellbeing therefore adds to the difficulty in understanding and showing what enables people to be happy and pain free, to feel that they have a valued place and role in life and to act with confidence and a sense of agency in determining your life course. Adult educators and learners see this and see the transformative effect as well as the sustaining effect, but ‘proving’ it and basing an assertion about the importance of adult learning in a society and worthy of supportive and enabling policies and funding remains a challenge.

Research undertaken to explore the link between adult learning and health and wellbeing has used both quantitative and qualitative research methods. Quantitative research has focussed on using big longitudinal data sets such as the National Child Development Study (NCDS) and the British Household Panel Study (BHPS) which has shown that throughout the life course of an individual returning to learning as an adult, particularly for those with less years in initial schooling, has a positive effect on aspects of health and wellbeing. Qualitative research of the impact of adult learning through questionnaires, case studies and learner and practitioner testimonies has provided a wealth of evidence.

Research reviews such as provided by Dolan et al and Duckworth et al have looked at the inherent difficulties in ensuring the rigour and validity of the research methodologies such as selection bias and Peak End Rule but at the end of the day they have concluded that participation in adult learning does impact on health and wellbeing. If this is so, then why have the research findings not created a more sympathetic funding regime for adult learning and/or any significant step in the direction of more informed and prevalent provision that promotes the importance of participation in adult learning on health and wellbeing.

The use of standardized clinical tools to look at the impact of adult learning on learners with mild to moderate mental health difficulties by projects such as Learn2b and the BIS commissioned Community Learning and Mental Health pilots is therefore an interesting development in the timeline of how we make a case for the value of adult learning. Perhaps we might conclude that longitudinal quantitative data does not have the necessary immediacy required by policy makers. Perhaps learner and practitioner testimonies, while often heart-warming and uplifting, do not somehow quite cut it. However, maybe quantitative, clinically validated, standardised data that shows that participation in adult learning has an immediate impact at an individual level resulting in reduced visits to the doctor, use of other health services and in medication and therefore an immediate cost reduction is harder to dismiss and in times of financial constraint more appealing.

The work of the What Works Wellbeing Centre (presented at the last Impact Forum) also heralds a new take on the evidence collection on how adult learning impacts on health and wellbeing. There is a realisation that GDP does not, at a certain level, equate to happiness and life satisfaction, and is not an effective way to measure social progress. Research to look at how we can more effectively use wellbeing levels in order to influence and measure the impact and cost effectiveness of policy interventions and how that manifests in our lives. As people become open about mental health and want to seek meaning and fulfilment in life, work for some people is increasingly becoming a stressor and negatively impacting on health and wellbeing. Looking at how wellbeing is promoted through adult learning we need to include in our thinking the wellbeing of the workforce that delivers it.

To what extent do health professionals understand the role of learning in improving health outcomes?

To what extent do learning professionals (tutors and leaders) recognise learning for health as part of their role and do they get support for it?

These two last supplementary questions are harder to answer and there is less research to look at. They have been added to the research questions for numerous reasons. If it is more widely recognised that participation in adult learning is beneficial for health and wellbeing and particularly in restoring those with poor health to better health, then partnerships with health services and professionals is probably and required. Thinking back to the difficulties in providing valid research data on impact, one of the bias's in the research is that those who think adult learning is important and who want access it for its wider benefits are the ones' who are there. Those with poor health, particular poor mental health will most likely be experiencing low self-esteem, efficacy and capabilities to build their identity and social capital that prevents them from accessing learning. Bluntly speaking, they just aren't there, so the impact on them cannot be shown. Partnerships with health therefore become a way to engage with individuals for whom participation in learning could be beneficial if not transformative. Equally, the role IAG needs further research in terms of how it enables individuals to access learning, but whether the process of guidance also enables people to build capabilities and improves levels of capital.

With the increase in this level of partnership working comes a need to understand the role of other professionals and a sense of professional parity. Adult learning – the very process of learning as well as the wider curriculum and structures provide the opportunities for individuals to build human, social and identity capital that underpin health and wellbeing.

This is the value of adult learning, but it is also about the professionalism of adult learning practitioners. As research by Hammond and BeLL shows the personal skills and social interaction in learning are important, not as a therapeutic intervention, but because learning facilitated and delivered by skilled practitioners can be powerful. One of the dimensions of the BIS Community Learning and Mental Health pilots is to look at partnership working as well as workforce development. The interim evaluation will report in the autumn.

ⁱ Feinstein, L (2006) 4. *What are the effects of education on health?* OECD <https://www1.oecd.org/edu/innovation-education/37425753.pdf>

ⁱⁱ Foresight Mental Capacity and Wellbeing Project (2008) The Government Office for Science, London

ⁱⁱⁱ Education, Audiovisual and Culture Executive Agency, *Benefits of Lifelong Learning in Europe: Main Results of the BeLL-Project Research Report* (Brussels: Education, Audiovisual and Culture Executive Agency, 2014) <http://www.bell-project.eu/cms/wp-content/uploads/2014/06/BeLL-Research-Report.pdf>

^{iv} Preston, J. & Hammond, C. (2002) *The wider benefits of further education: practitioner views* (London, Institute of Education, Wider Benefits of Learning Research Report no. 1) <http://eprints.ioe.ac.uk/14632/1/ResRep1.pdf>

^v Hammond, C (2004). 'Impacts on well-being, mental health and coping' in Schuller et al 'The Benefits of Learning. The Impact of education on health, family life and social capital' Routledge

^{vi} Education, Audiovisual and Culture Executive Agency, *Benefits of Lifelong Learning in Europe: Main Results of the BeLL-Project Research Report* (Brussels: Education, Audiovisual and Culture Executive Agency, 2014) <http://www.bell-project.eu/cms/wp-content/uploads/2014/06/BeLL-Research-Report.pdf>

^{vii} Paul Dolan, Daniel Fujiwara, Robert Metcalfe (2012) *Review and Update of Research into the Wider Benefits of Adult Learning*, Department for Business, Innovation and Skills, UK. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/34671/12-1243-review-wider-benefits-of-adult-learning.pdf

^{viii} Kathryn Duckworth, Olga Cara (2012) *The Relationship between Adult Learning and Wellbeing: Evidence from the 1958 National Child Development Study*, Research paper 94, Department for Business, Innovation and Skills: London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/34669/12-1241-relationship-adult-learning-and-wellbeing-evidence-1958.pdf

^{ix} Adult learning, mental health and wellbeing. Mental Health Foundation <http://www.eaea.org/media/policy-advocacy/ae-and-health/learning-for-life.pdf>

^x Community Learning Mental Health Pilots <http://mhfe.org.uk/clmh-pilots/> <http://mhfe.org.uk/content/bis-community-learning-mental-health-pilot-201516>