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*CLIF Impact Project*

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# Community Learning and Health

Jan Novitzky

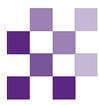
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# Acknowledgements

Thanks to NIACE colleagues Charlotte Robey (Research Assistant) and Cheryl Turner (Head of Learning in Communities) for their support in reviewing the research. Thanks also to all participating projects and learners, in particular those who supplied case studies for this report: Caroline Donovan at MIND, Brighton and Hove, Sue Bishop at the WEA SW, and Ross Forrest at Action on Addiction.



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# 1 Overview

This report presents the findings of work to identify the impact of community learning on health, undertaken as part of the Community Learning Innovation Fund (CLIF). It is one of a series of six thematic reports demonstrating the contribution of community learning to key policy areas that have been produced by NIACE (the National Institute of Adult Continuing Education) as part of its management of CLIF. The evidence shows how modest amounts of investment can produce significant health outcomes for learners, families and communities. The report will be of particular interest to national and local policy makers and commissioners of public health services. Community learning providers in local authorities, colleges and third sector organisations will also find this report helpful in making the case for learning's contribution to health.

With grant funding from the Skills Funding Agency, CLIF supported the delivery of 96 new community learning projects across England to run from September 2012 to August 2013. The projects aimed to use learning to empower adults, particularly those who are socially and economically disadvantaged, to improve their own lives and those of their families and communities. Through new partnerships and a wide range of creative approaches, CLIF projects engaged over 15,000 learners, many of whom were from groups that are among the most excluded and least likely to participate in learning. Most projects have firm plans in place to continue at least some elements of the work initiated through CLIF, highlighting the way in which diverse sources of funding can create sustainable opportunities for learning in communities.

NIACE is an independent charity which promotes adult learning across England and Wales. Through its research, development, publications, events, outreach and advocacy, NIACE works to improve the quality and breadth of lifelong learning opportunities available to all adults. As part of its commitment to strengthening the role of learning in communities, NIACE has contributed to the development of a wide range of work linking learning and health, including the Prescriptions for Learning project. It

currently leads the Healthy FE programme<sup>1</sup> and co-ordinates the Mental Health in Further Education (MHFE) network.

## 1.1 Key messages

Community learning supports current health policy and practice. Evidence confirms that community learning brings a wide range of health benefits, including supporting people to feel more positive about life, increasing their understanding of a health condition, and improving their diet. Community learning:

- enables adults to take part in shared decision-making in their own health care,
- helps adults to take part in shaping health policy, and
- is crucial to tackling the growing health inequalities gap.

CLIF projects have been shown to deliver health outcomes. CLIF evaluation data shows that learning:

- enhances mental health and wellbeing,
- supports physical health, and
- enhances health and social care service delivery.

## 1.2 The issue

One issue to emerge from the evaluation is around sustainable funding to secure learning for health programmes. In meeting the twin objectives of health and learning, this work falls in a funding gap: health funders suggest the work should be funded by the education sector, and education funders suggest the work should be funded by the health sector. This is an issue for voluntary sector projects in particular.

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<sup>1</sup> [www.healthyfe.org.uk](http://www.healthyfe.org.uk)

## 1.3 Actions

Three key actions will take the health and learning agenda forward:

- Local health and wellbeing boards should include learning objectives in their public health strategies. Health and wellbeing boards should involve partners from community-based adult learning to help secure their health objectives and engage and support the public in shaping health policy.
- There is scope for the health sector to commission further research to provide the level of evidence required against particular interventions; for example, research to explore the impact of informal learning on people who are still in active addiction, or the types of informal learning that reduce dependency on mental health service delivery.
- The gap in funding needs to be addressed at local level through joint working between health and wellbeing boards and community learning trusts. Community learning trusts should liaise with local health and wellbeing boards to identify priorities which their respective sectors can fund.



## 2 Introduction

This report presents the findings of work to explore the impact of community learning on health, undertaken as part of the Community Learning Innovation Fund (CLIF). It is one of a series of six thematic reports demonstrating the contribution of community learning to key policy areas, as evidenced by CLIF.<sup>2</sup>

CLIF provided grant funding from the Skills Funding Agency for 96 community learning projects across England to run from September 2012 to July 2013. One of the primary objectives of CLIF was to generate robust evidence on the impact of community learning in order to help strengthen the case at both national and local levels for sustainable and diverse funding for the sector in challenging economic times. NIACE was commissioned to manage the fund. As part of that role, it supported projects in the collecting, analysing and reporting of evidence on the difference that their work made for learners, families, localities and delivery partners.

The evidence in this report comes from two main sources: the final evaluation reports submitted by CLIF projects in August 2013, and the data returned by the 31 projects that opted to take part in an additional exercise to collect quantitative evidence from a sample of learners at the beginning and end of their episode of learning to show 'distance travelled'. NIACE did not stipulate what methods and tools individual projects should use to collect data. Instead, it assisted in identifying and applying the approaches that were most appropriate for the projects' context, learners and learning activities.

Projects were, however, required to apply a consistent framework to their evaluation. The *Wider Outcomes Planning and Capture Tool* is an innovative model for identifying the wider social outcomes of community learning.<sup>3</sup> It was developed by NIACE to address the need for resources to

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<sup>2</sup> See also the thematic reports on *Digital inclusion*, *Families*, *Socially excluded groups*, *Volunteering* and *Vulnerable groups*.

<sup>3</sup> [www.niace.org.uk/community-learning](http://www.niace.org.uk/community-learning)

support the community learning sector in engaging with the growing public policy agenda around wider social outcomes. The tool supports all stages of evidence collection, analysis and reporting, and encourages a clear focus on capturing outcomes in the key areas of mental and physical health, family and social relationships, volunteering, employability, progression and personal agency. This approach has enabled data from multiple projects to be collated to build up a picture of the focus, scope and scale of the outcomes achieved with CLIF funding.

A technical annex, including a detailed description of the additional evidence collection exercise and data charts and tables, is available to download.



# 3 Current policy and research: learning and health

## 3.1 Policy

Three strong themes are features of current health policy:

- the need to tackle the growing health inequalities gap
- the move towards shared decision-making in health care
- the push towards much greater public and patient involvement in policy

Underpinning these themes is the need for individuals to be able to make informed choices about health in a variety of settings. It is widely recognised that adults who gained few or no qualifications at school may suffer poor health. Community-based adult and family learning can be an essential stepping stone back into learning, having a positive impact on self-confidence, wellbeing and employability skills, and enabling people to re-engage with their community. Learning is critical to the health agenda.

## 3.2 Research

Previous research has shown that learning has an impact on people's health in the following ways:

- Participation in adult learning has positive health effects in terms of smoking cessation, taking exercise and improvements in self-rated health and wellbeing.<sup>4</sup>
- The *Foresight Report on Mental Capital and Wellbeing* identified learning as one of the five ways to mental wellbeing.<sup>5</sup>

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4 Hammond, C. and Feinstein, L. (2006) *Are those who Flourished at School Healthier Adults? What Role for Adult Education? Wider Benefits of Learning Research Report 17*, London: Centre for Research on the Wider Benefits of Learning.

5 Government Office for Science (2008) *Foresight Report on Mental Capital and Wellbeing*.

- In a recent national survey of adult learners in the community, 89 per cent of respondents said that their course helped them to 'keep mind and body active'; this rose to 94 per cent among those with long-standing health conditions.<sup>6</sup>
- Participation in learning prolongs active life, delays dependency and sustains independent living.<sup>7</sup>
- The act of joining and being involved regularly in organised groups, such as learning groups, has a significant impact on health and wellbeing.<sup>8</sup>
- Learning appears to slow the development of two brain lesions that are the hallmarks of Alzheimer's disease.<sup>9</sup>

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6 Department for Business, Innovation and Skills (2013) *The Impact of Further Education Learning*, Research Paper 104.

7 Gladdish, L. (2006) *The benefits of learning on the health and well-being of older people: evaluation report*, Leicester: NIACE.

8 Putnam, R. D. (2000) *Bowling Alone: The Collapse and Revival of American Community*, New York: Simon & Schuster.

9 *Journal of Neuroscience*, 24th January 2007.



# 4 What does CLIF tell us?

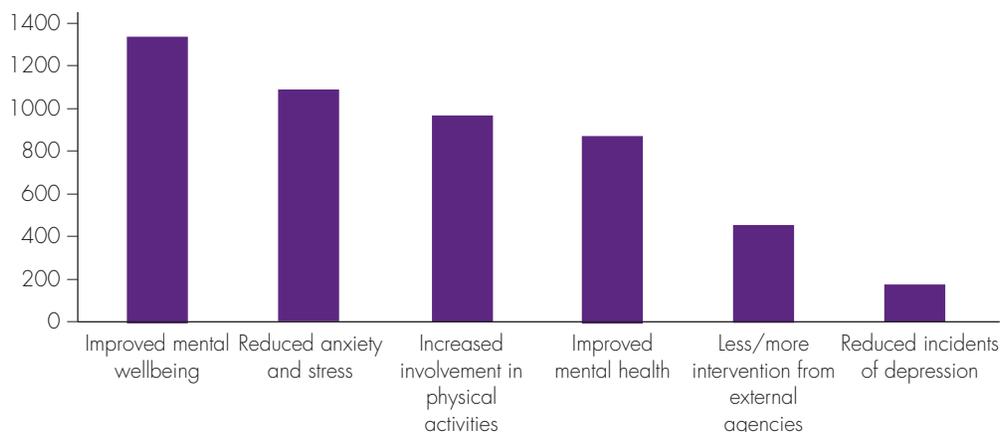
## 4.1 Impact on mental health

There is a widespread understanding amongst community learning practitioners that learning can have a positive impact on people’s mental health and wellbeing. It is therefore not surprising that many CLIF projects anticipated mental health outcomes for their learners, even if this was not a direct aim of their learning provision. Almost half of the projects (41) measured and identified changes for their learners in relation to mental health.

Projects recorded the impact on learners’ mental health against the following categories:

- mental wellbeing
- involvement in positive activities
- anxiety and stress
- mental health
- intervention from external agencies
- incidents of depression.

From the 41 projects that assessed mental health outcomes, there is evidence that substantial numbers of learners experienced positive improvements in their mental wellbeing, as shown in Figure 1 overleaf.



**Figure 1** Mental health outcomes reported by learners

Learners reported feeling less stressed and more positive about life. Sometimes this was due to them gaining a sense of achievement from learning new skills and having their achievements recognised. Often it was due to the development of self-confidence as a result of learning.

*'I've tried CBT, counselling, anti-depressants and nothing has worked until now...This is the only thing that works for me.'* (Learner, Creative Directions)

*'This (course) has brought me back to life; it's been a breakthrough.'* (Learner, Brighton Recovery Project)

Learning about health gave participants a sense of empowerment and control. For example, women at the Northern Lines theatre project achieved a greater understanding of factors affecting their situation and strategies for action. As a result, one woman decided to seek therapeutic support for herself and her son. She has commented on a healthier home environment and improved emotional wellbeing. A learner at the Recovery College, Brighton, reported how the course increased her knowledge of anxiety symptoms, how to notice them and how to effectively try to stop the symptoms turning into a full anxiety attack.

Group activities meant learners reported feeling less isolated. Calderdale Smartmove, which works with people experiencing homelessness, described how the courses helped to reduce learners' social isolation. Learners were initially depressed or had other mental health issues due to homelessness. They reported feeling less stressed and more positive about life. Co-creating and co-delivering the learning programme was particularly successful in terms of gaining a sense of achievement. The Steps to Settlement project, which works with newly arrived refugees in Leeds, found that learners' wellbeing increased and people made new friends through learning. As a result, there was a reduction in loneliness, stress, depression and the use of tranquilisers.

The importance of purposeful activity to mental health was expressed by learners from the Creative Directions project:

*'It gives you a reason to get out of bed, to get out of the house, to do something instead of sitting there, being trapped almost, not moving forward, not speaking to anyone.'*

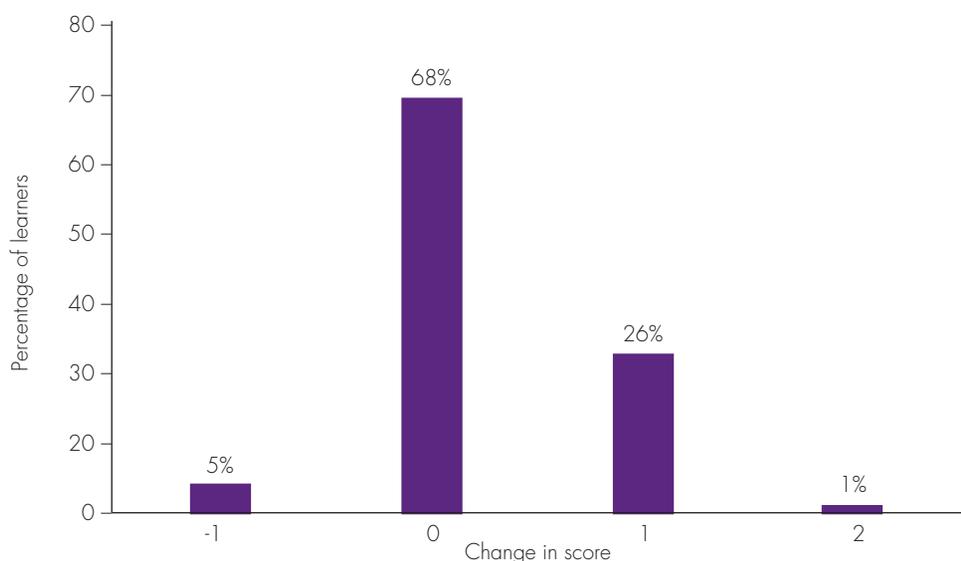
*'I've felt a lot calmer... I've had more patience... I feel happier.'*

*'It keeps my illness at bay.'*

A sample of projects chose to measure impact on learners' mental health by using a questionnaire based on the Warwick-Edinburgh Mental Well-being Scale.<sup>10</sup> Overall, where learners experienced changes in their mental health as a result of participating in a CLIF project, these changes were positive (see Figure 2). Twenty-seven per cent of learners reported positive changes in their mental health.

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<sup>10</sup> Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006. See also Appendix.



**Figure 2** Change in average scores in mental health

Base: all learners = 227

Many projects reported that volunteers had experienced a sense of improved mental health and wellbeing. Unemployed volunteers supporting the Creative Directions Project expressed the following reactions:

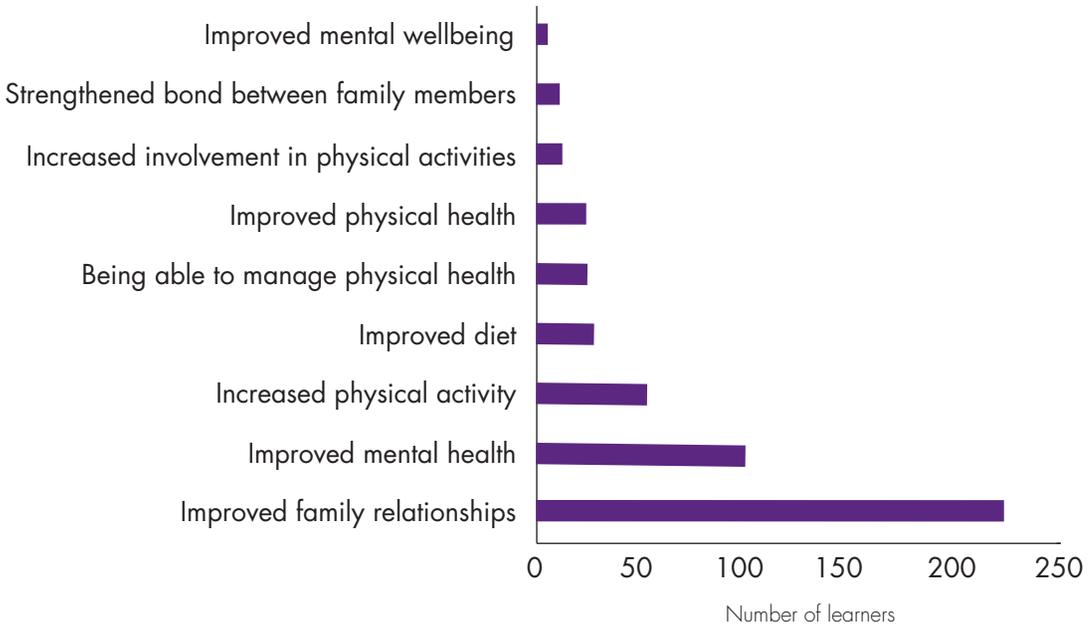
*'I know it sounds a bit pathetic but if you've been out of work for while you sort of lose a sense of your purpose and your direction and to have a mission if you like. This gives you something to work towards.'*

*'Supporting others in being creative helps motivate me to keep trying new things and be creative myself.'*

*'If I'm helping others, I'm helping myself.'*

*'It wasn't a choice to stop working and volunteering makes you feel useful, worthwhile and appreciated. Volunteering here uses the creative side of me. I can talk to the artists about what they have in mind for sessions. I feel involved in the whole process – it's not just about turning up and helping.'*

In addition, CLIF projects had an impact on wider family members of participants. Out of the 92 projects, evidence was captured of 100 families who reported improved mental health, with an indication that this was partly as a result of improved family relationships (see Figure 3).



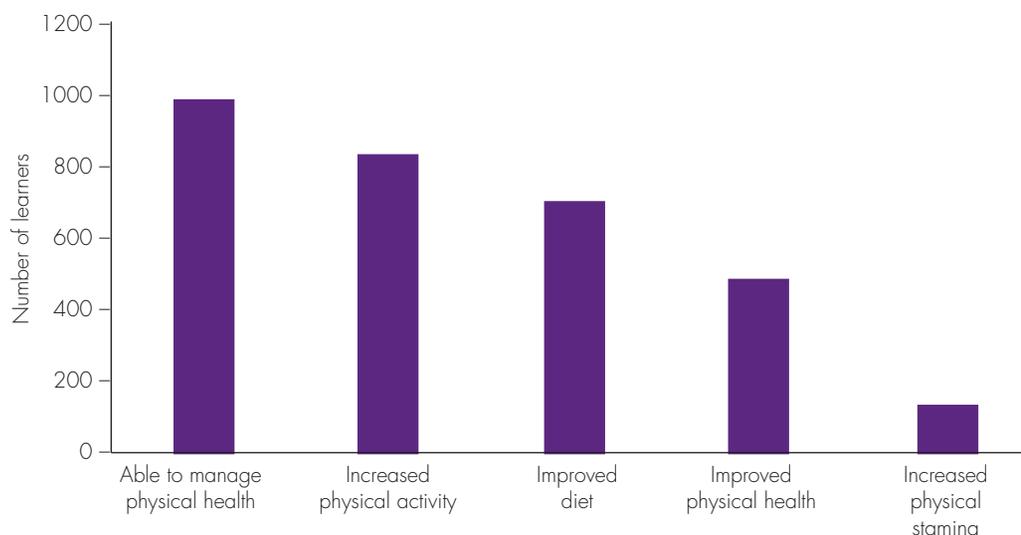
**Figure 3** Outcomes reported by families

## 4.2 Impact on physical health

Projects recorded benefits to learners’ physical health against the following categories:

- physical activity
- diet
- physical health
- physical stamina

Around a fifth of the CLIF projects (21) identified changes in physical health for their learners. The most common outcomes for learners were feeling better able to manage their physical health, increased physical activity and having an improved diet (see Figure 4).



**Figure 4** Physical health outcomes reported by learners

Projects cited examples of changed health behaviours as a result of learning. Learning had supported the development or regaining of confidence which, in turn, provided the motivation to continue a healthy lifestyle. Building new skills supported recovery from addiction. For example, the Recovery Rises project in Liverpool reported that out of 180 distinct learners, 41 were completely abstinent from harmful substances at the end of their learning programme, whilst others showed much improved recovery progress.

Of those learners who felt they had improved their physical health, this was due to feeling better or fitter as a result of taking part in activities such as gardening, or having increased quality of movement from activities such as yoga and dance. For example, isolated elderly minority ethnic residents of

Camden involved in the Ageing Artfully healthy living programme reported the following benefits:

*'With the yoga I was not sure if I could do it but now I can do things that I couldn't do before.'* (Learner, demonstrating her new flexibility to the group)

*'It is hard to do exercise at home because I get distracted. For me it is easier to come to a group and exercise together.'*

*'I do more now because I practice the exercises at home every day. The more exercise you do the more comfortable you feel and the more you enjoy it.'*

Learning about nutrition also supported changes to lifestyle. The Financial Fitness community education programme in Wakefield reported that 94 per cent of learners said that they would be checking the labels on the food products they chose when next visiting the supermarket. Learners at the Ageing Artfully project reported some impact on diet:

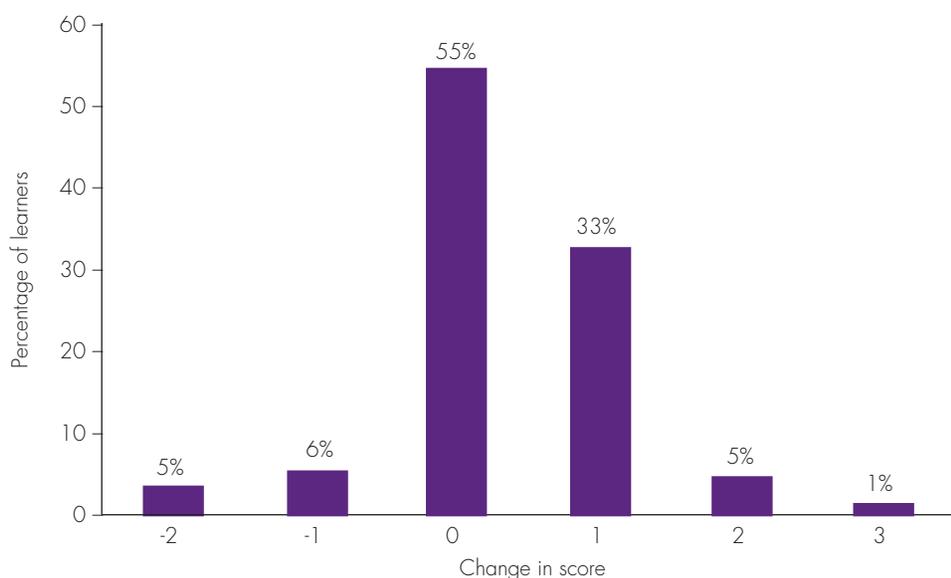
*'I eat more vegetables and it made me think about how much oil I use in my cooking.'*

Learners at the Money Matters project in Kensington valued the better access to health information they gained via the internet and felt that the project enabled them to have better access to health facilities in the community. The Equip project working with people with HIV also found that learners valued the access they gained to health information. Learners said:

*'We found out about the stuff you should be told by the doctor but never are.'*

Of the sample of projects that chose to measure the impact of learning on physical health,<sup>11</sup> 33 per cent experienced a small positive change in their physical health, while six per cent improved their scores by two or three points (five per cent and one per cent respectively)(see Figure 5).

<sup>11</sup> See Appendix for the questionnaire used to assess learners' responses at the outset of the project and after their learning programme.



**Figure 5** Change in average scores under the physical health domain

Base: all learners = 227

As Figure 3 shows (p.15), learning had an impact on the physical health of the families of participants. Common outcomes for families included increased physical activity and improved diet. Participants reported feeling better informed about matters affecting their family’s health as a result of finding how to access reliable online health information. Some learners, for example at the Back from the Brink project, reported an impact on the whole family through cooking family meals based on enhanced information and skills. Some reported that their increased knowledge of welfare reform and personal budgeting skills decreased stress for the whole family. At the Our Local Eating Place project in Stockport, a third of learners reported that they had started to shop locally using greengrocers and butchers, and mothers of babies learnt how to create weaning food for their children.

### 4.3 Enhanced health care services

A number of the CLIF projects have used education activity to enhance health care provision. Examples include projects which have:

- involved voluntary sector partners to provide positive and meaningful activities to enhance day care,
- supported recovery from mental health by adopting an educational as opposed to medicalised approach (a 'Recovery College' approach),
- used skills development to build resilience into recovery from addiction.

The three case studies which follow illustrate these different aspects of organisational change in health care delivery.



# Case studies

## Case study 1

### Partnership working to enhance day care St Luke's Hospice and WEA SW Creative Wellbeing project

#### What the project did

This project worked with clients from St Luke's Hospice day care centre in Plymouth. The learners had life-minimising illnesses. The average age profile of learners was 60 plus and there was a high proportion of learners with disabilities, restricted use of limbs and dementia.

The project generated a 24-week programme of creative learning activities to enable learners to discover and rediscover talents and explore their creativity. The project aimed to work with 30 learners but interest in the learning programme meant that the project attracted over 50 people who expressed high rates of enjoyment and stayed engaged. The programme included designing and building a patio sensory garden, which was not only a great learning activity but provided a fantastic outside area as a legacy of the project.

#### Impact on health and enhanced service delivery

The learning activities improved socialisation and a sense of purpose and wellbeing amongst a large proportion of patients. The following quotes from learners demonstrate the impact on their wellbeing:

*'It's taken my mind off my pain as I've been concentrating on what I've been doing.'*

*'People are happier; it's brought a good atmosphere.'*

*'We've had a good laugh, talked more together.'*

*'I didn't think I was capable of that again, I have achieved something to pass on to the grandchildren.'*

In addition, the project successfully provided St Luke's staff and volunteers with the skills and knowledge to enable them to continue a creative wellbeing programme in the future. The impact was expressed by the clinical lead for psychosocial care at St Luke's Hospice:

*'I think our understanding of what it means to do art or creative things has been widened... the project made the Atrium feel like an adult learning place where things happen rather than it feeling like 'day care'.'*

The success of the project was summarised by the day care centre manager:

*'An inspiring, worthwhile project which has inspired patients to develop personal potential and live their lives for the day... It has given staff and volunteers a much broader outlook of what is achievable by the patients... The project has helped to express thoughts about grief and loss.'*

## Case study 2

# The Recovery College approach for people with mental health issues

### Summary

The idea behind Recovery Colleges is to move away from a medicalised approach to mental health which ‘focuses on problems, deficits and dysfunctions’ and towards an educational approach, the key elements of which are ‘building a new sense of self and purpose in life; discovering your own resourcefulness and possibilities and using these, and the resources available to you, to pursue your aspirations and goals.’<sup>12</sup>

Two CLIF projects set out to pilot a Recovery College approach to supporting people with mental ill health. These were the Brighton and Hove Recovery College and the Worcestershire Recovery College.

Typical courses which the Brighton recovery project offered included Navigating mental health services, Coping with depression, Managing anxiety, Confidence, Self-esteem, Exercise studies, Creating a community garden, Using the arts to aid recovery, Work and wellbeing, Returning to learning, Introduction to peer mentoring, and Planning your own recovery.

Typical courses which the Worcestershire Recovery College offered were: Mood-master, Understanding recovery, Healthy cookery, and Mental health first aid.

Both colleges offered the Preparing to Teach in the Lifelong Learning Sector (PTTLS) initial teaching qualification for their peer tutors. Courses were chosen in consultation with potential learners and aimed to engage people in learning, support mental health recovery, develop skills and sign people onto further learning.

12 Implementing Recovery through Organisational Change: Briefing Paper 1 – Recovery Colleges.

## Impact

Both projects were successful in:

- supporting people to develop skills to manage their own mental health recovery and increase their confidence, self-esteem and employability,
- developing training for peer tutors and using peers to co-design and deliver training,
- encouraging closer partnership working between NHS statutory services and third sector organisations.

Within the time scale of the project it was not possible to prove statistically that participants reduced their reliance on statutory services. However, both projects amassed a wealth of anecdotal evidence which suggests that they helped learners to better manage their own recovery.

*'I feel more able to control my own recovery.'* (Learner)

*'It's hard to believe that not so long ago, I was attending here as a patient, and now I'm meeting with people here and talking about running courses and workshops.'* (Peer trainer)

In addition, there is evidence that the Recovery College approach improved relationships between learners and professionals. For example, when the Brighton project undertook initial consultations, service users expressed some negative reactions towards the mental health trust, based on their perceptions of power imbalances in those relationships. A significant impact of the Recovery College was that it addressed some of the inequalities in these relationships. Feedback in Brighton indicated that learners felt the Recovery College provided an environment which was equal, respectful and non-judgemental, more facilitative and less prescriptive. Participating staff in the voluntary sector and the trust were excited by this impact. It was felt that the approach contributed to a shift in culture in partner organisations. Participants learnt from working together. Peer trainers and voluntary sector staff valued the professionalism of the trust, whilst trust staff benefited from the creative, recovery-orientated approach that the project afforded them.

## Case study 3

# Building resilience into recovery through learning

## Back from the Brink, Liverpool

### Summary

This project sought to use learning to build resilience for people recovering from drug and alcohol addiction. 'The Brink' is a recovery social enterprise. It is a welcoming venue which people recovering from substance misuse are familiar with. They are less likely to find learning daunting in such a venue, compared with in a college or educational establishment. The core project belief was that engagement in education supports transition from addiction to a lifestyle of healthy choices and activities.

The project provided a safe and supportive environment for those in early recovery to engage in learning and progression opportunities. Central to success were the skilled and committed tutors who knew how to engage, enable and empower through their values and approach, and through taking a personalised approach with each learner. They adopted a core adult learning value – 'meeting people where they are at'. Tutors worked together with potential learners to identify a number of key themes and a menu of learning options.

Personal and household finance was highlighted as a key area for personal development by many centre users. The core elements of the learning programme were financial capability, study skills training and physical fitness programmes.

The project helped learners to progress in order to avoid dependency. All programmes and activities were framed within the context of 'what next?'. Learners were actively supported by peers acting as role models – the learning recovery ambassadors, or Brink champions.

## Impact on recovery

The result of the financial capability programmes was that learners set up bank accounts, contacted creditors to discuss debt and understood issues around welfare benefits and credit rating scores. Impact extended further, as many learners shared what they had learnt with family and friends.

The results of the healthy eating programme were that some learners changed their diet as a result of knowing more about nutrition. Learners said that the course had given them the confidence and skills to cook and some changed their view about who in the family should cook; for example, one of the male students said he had cooked omelettes for his son. Many reported that they felt positive effects from changed eating habits and this motivated them to continue eating more healthily.

The majority of learners who took part in the fitness programme said they were continuing to include regular physical activity in their life. People reported 'regaining' their confidence and motivation through doing some form of physical activity. Some reported taking up new activities (e.g. boxing, beach running). Some took part in charity sporting events (e.g. a 5k and 10k run). Three people reported have given up smoking with 'many more contemplating' doing so.

The return to learning programme had a significant impact on individuals and their families including:

- enthusiasm, excitement and self-belief around what they had learnt and an excitement about taking that forward,
- plans/applications to progress onto further learning programmes, e.g. holistic therapies, fitness instructor training and counselling skills training,
- sharing experiences with family members, e.g. returning to places visited on the course with children and other family members.



Informal learning made an important contribution to securing and prolonging recovery through supporting learners to develop their skills, understanding and knowledge. The project demonstrated the value of joined-up, integrated approaches that include informal learning at an early stage of treatment and recovery support.

# Appendix: Research tools – questionnaires used to capture mental health and physical health outcomes

## A. Mental health

**Project ID:** CLIF\_\_\_\_\_

**Individual learner ID:** \_\_\_\_\_ / \_\_\_\_\_

**Evidence collection for:** Wave 1 / Wave 2 (delete as appropriate)

Please read the statements below and indicate how much you agree or disagree with them.

(Please tick one box on each line.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A	Prefer not to say
I feel optimistic about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel interested in other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I deal with problems well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to manage my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go for information on my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to access support for my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. Physical health

**Project ID:** CLIF \_\_\_\_\_

**Individual learner ID:** \_\_\_\_\_ / \_\_\_\_\_

**Evidence collection for:** Wave 1 / Wave 2 (delete as appropriate)

Please read the statements below and indicate how much you agree or disagree with them.

(Please tick one box on each line.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A	Prefer not to say
I am able to manage my physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to go for information on my physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good understanding of healthy eating and drinking and its impact on my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a healthy, balanced diet (e.g. eat your five-a-day).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to make decisions about my own healthcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do a good level of physical activity (moderate exercise for 30 minutes, five times a week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good understanding of physical activity and its impact on my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A	Prefer not to say
I have enough energy to get me through the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to access support for my physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Company registration no. 2603322  
Charity registration no. 1002775

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