

European Agenda for Adult Learning: England Impact Forum

9 June 2016 | Learning and Work Institute | Leicester

Attendees: Ashfa Slater (EPALE UK); Cath Harcula (Derby Adult Learning Service); Chris Minter (National Careers Service); Corrina Hickman (ECORYS); Dermot Bryers (English for Action); Helen Chicot (Rochdale Metropolitan Borough Council); Dr Helen Plant (Independent Consultant); Jaki Bradley (Abingdon & Witney College); Jodie Crossley (EPALE UK); Joyce Black (Learning and Work Institute); Kathryn James (K J Consulting); Katie Shaw (NUS); Lynne Amery (Coventry City Council); Mark Ravenhall (Independent Chair); Prof. Olga Tregaskis (Norwich Business School, University of East Anglia); Peter Moore (City Literary Institute); Simon Beer (Haringey Adult Education Service).

Apologies: Dr Carol Azumah Dennis (University of Hull/Higher Education Academy); Elizabeth Kwaw (ECORYS / UK National Agency for Erasmus +); Dr Fiona Aldridge (Learning and Work Institute); Ian Pegg (Department of Business, Innovation and Skills); Iram Naz (Workers' Educational Association); Dr Janine Eldred (Learning and Work Institute); Janet Solla (Community Health and Learning Foundation); Kay Sidebottom (Northern College); Lou Mycroft (Northern College); Margaret Lochrie (Capacity Consultants Ltd); Richard Thickpenny (Ashley Community Housing Ltd); Dr. Vicki Belt (UK Commission for Employment and Skills).

Minutes

1. Welcome and introductions

The Chair welcomed everyone to the meeting and invited forum members to introduce themselves. Members were informed that the meeting would focus on health which is the first of the thematic themes for the 2016 – 2017 work programme that will result in a nation's report on the impact of adult learning.

The Chair outlined the agenda and informed members that the next two meetings will focus on the themes of **communities** and **work** respectively.

2. Minutes and Matters Arising

Members were invited to raise any factual inaccuracies in the minutes but none were reported during the course of the meeting. Members received an update from the Chair on two actions:

 Invite a senior Ofsted official to join the England Impact Forum – The Chair has very recently contacted Ofsted to extend an invitation to join the Forum but as yet a reply hasn't been received.



Invite a member of the LEP Network to join the England Impact Forum – A
member of the Network is currently a Forum member but, possibly due to work
commitments, they haven't attended any meetings.

Action: MR to contact the member from the LEP Network to ascertain their future availability.

2.1. Membership of the Electronic Platform for Adult Learning in Europe (EPALE)

Colleagues learned of how an online forum for this group would work through EPALE UK. EPALE is an online platform that's funded through the European Commission. EPALE UK works within the UK to ensure that best practice relating to national priorities is fed back into the platform to represent where we are at in the UK in terms of practice around different themes and topics and discussion points.

There are equivalents of this across the EU in other member states. This enables discussion between people who work in the same area but they might be based in different countries. The platform has different functions and there are various interactive aspects.

It was agreed that a collaborative space will be set up for the England Impact Forum.

Forum members would receive a link to access the closed space, where presentations can be uploaded, videos embedded, documents uploaded etc. In addition, if someone is unable to attend a face-to-face meeting they are still able to feed in their comments on research papers etc.

It was stressed that individuals are not obliged to join the online group but as a member of the Impact Forum it does make sense to do so, as members will be able to access documents all in one place.

Action: All Forum members to register with EPALE UK and send their user name to MR/SC. MR to circulate further information to members of the Forum.

2.2. Response to OECD Report. 'Building Skills for All: A Review of England'.

During the preceding seminar a discussion took place about how the response to the OECD report could be improved. A number of helpful ideas were put forward and some members, who couldn't attend in person, had sent in their comments. The comments and suggestions tabled during the course of the seminar were as follows:

- Concern was raised about the use of the term 'erroneous' in reference to the recommendations that the "priority of priorities" should be on initial education,

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- page 5. Colleagues agreed with this and it was felt that the term used was not suitable.
- There was a sense of perhaps needing to go with the flow of policy and to accept the role of initial education but to highlight how adult learning, family learning and intergenerational work complements and enhances it.
- There was a consensus that more could be said on employers and the economy, including trade union deals and more about labour market information, small to medium enterprise and self-employment.
- To ensure credibility we need to do some updates around changing policy context.
- To include more around devolution.
- Have a stronger link with the whole concept of advancement.

Further to this discussion a second draft will be written and made available to members for comment via the EPALE UK online forum.

Action: MR and JE to revise the OECD response and upload it to the collaborative space for further comment.

The Department for Business, Innovation and Skills (BIS) received a copy of the first draft and because of the whole idea of the devolved adult education budget they are keen to receive any further updates. If there does happen to be any unintended consequences the Department wants to know about them in advance. This demonstrates that impact is already being achieved through the forum's work on this issue.

There was an assurance that the response to the report would be on behalf of the forum, not members' organisations.

2.3 Summary from the seminar which proceeded the meeting

As most people in attendance also attended the seminar the Chair proposed, in the interest of time, not to provide a verbal summary. It was agreed that a summary would be produced and circulated.

Action: MR to provide and circulate a written summary of the seminar.

2.4 Update from other UK impact forums and the most recent meeting of national coordinators in Brussels

Joyce Black summarised the key activities that have taken place since the first working group took place in Brussels in February.

We received the independent evaluation from the commission. The evaluation states that the 4 UK forums were recognised as having an impact on the European Agenda. Other participating countries are now replicating our way of engagement with their stakeholders.





- The UK achieved the highest score in terms of the whole evaluation report for the work completed last year.

Joyce gave her personal thanks to members of the forum for their engagement with the agenda.

The last EU coordinator meeting took place in Brussels in April. The meeting took place two weeks after the attack on Brussels airport and there were a number of ministries who had restrictions on travel. Therefore, approximately 18 people attended the meeting instead of 36 but resilience was evident and it was business as usual.

Two main actions came out of the meeting the first of which is around integrating the working group findings. As part of the national coordinator role BIS have asked L&W to represent the UK on the Commission's working group on adult learning in the workplace, specifically around basic skills and low-skilled, low-paid work. This will be really helpful with our thematic work around work and adult learning.

The question is how the findings and the policy messages from across all of the member states from that working group can be brought together. Because of our thematic approach we have addressed this question already and we have a lot to feed in. Mark Ravenhall has started a piece of research around the policy landscape across the four UK nations, around what does adult learning policies for the workplace learning look like and this will be fed into the working group meeting which takes place next week.

The second action is further to an announcement made last week at a meeting held in Slovenia. Dana Bachmann from the Commission formally announced the New Skills Agenda for Europe, which includes a 'Skills Guarantee'. It is expected that this will be released on the 17th June.

A headline of this announcement is that member states will be asked to report on set targets. One priority area will be around adults without a secondary education. In the UK this would include qualifications such as A-level and QCF level 3 but the commission are also including literacy, numeracy and basic digital skills (basically the whole spectrum.) Although this work is only advisory in terms of the policies of member states, it will affect future ESF rounds and City Deals.

There will be a digital skills for Europe agenda by the end of this year, around which further targets will be set. As the qualification frameworks will be revised there's a lot of work being done across a lot of member states around validation.

A lot of European funding is spent on higher education and for the first time they are going to start graduate tracking. This will enable them to ascertain where the money is being spent and from a European perspective what they want to know is where those graduates are now living and working.





The EU working group has considered those who follow the UNESCO sustainable development goals, goal 4 being about lifelong learning. Hopefully the impact forums together with our thematic work will enable us to meet some of the sustainable targets as well.

An interim meeting on the impact forum in Scotland took place in Edinburgh two weeks ago. The meeting included a focus on communities and it is evident that they are trying to harness together a group of stakeholders. An EPALE group will be set up for all of the UK impact forums providing us with more opportunities to share best practice.

Questions and feedback from Forum members

What is the Skills Guarantee?

The guarantee will be a set of statements that member states will have to sign up to. Each member state is in receipt of European money and therefore money from the Commission. Each member state will sign up to the statements and set their own targets within them. For example, if there is a guarantee around access to literacy and numeracy and digital skills up to and including level 2 then as a country we would ask ourselves what we are doing to promote that.

Is it a guarantee to Europe as opposed to a guarantee to citizens?

No, they would argue it is a guarantee to citizens because what they are saying is that this guarantee is very much around the lifelong learning entitlement. What they are saying is that there should be a guarantee that every citizen within the European member states should have access to basic literacy and numeracy and there will be some targets that countries are expected to meet.

So, in some ways, it is both. There is a guarantee for lifelong learners and adults but member states will have to ask themselves how they meet those needs and targets. Therefore, the guarantee is a set of entitlements for those group of learners.

A discussion took place about the devolution of skills funding and the principle of inclusive growth. With reference to the High Speed 2 (HS2) Railway and the recent retail developments in Birmingham and Leicester it was commented that the creation of jobs should include those people who are currently furthest from the labour market and that where the two retail developments are concerned the workforce should reflect the local community.

There will be a challenge for us to report that we are meeting the set targets as they take a national picture into consideration. It may be our role to highlight the areas where inequalities are taking place.

Within DG Employment in the Commission there are only four people who oversee adult learning. They are focusing on the employment agenda and they are concentrating on literacy and numeracy and digital. However, it isn't all about formal education, it's also the pathway to formal education which gives us a strong





opportunity to point out that for the needs of the learners to be met there is a need to think wider than the traditional classroom approach.

2.4 Update on the research programme

The research programme is currently at phase 1. A set of research questions about what we wanted to do around health have been formulated and Kathryn James has been commissioned to work alongside some researchers at Learning and Work Institute and we now have the first draft of the Research review paper on Health and Adult Learning.

Education Scotland has recently commissioned their own research around the communities act in Scotland. A decision has been made to commission their researchers to do this for the whole of the UK.

Professor Ewart Keep has been approached to undertake the research around work.

3. UK research on the impact of learning on health

Presentation by Kathryn James, Research Associate, Learning and Work Institute.

Before Kathryn presented the latest research from the Learning and Work Institute she put this work into context from her personal perspective having worked in the sector for 23 years. This experience has been as a practitioner, manager, development work, policy advising and evaluation.

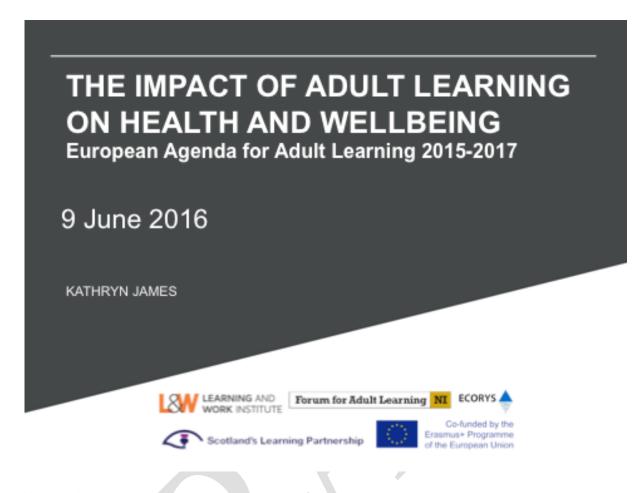
Reflecting on this it is evident that there is some brilliant work taking place but equally so there is a sense of frustration. We clearly have come a long way, there are more providers explicitly working to promote health and wellbeing through adult learning now than there were 23 years ago and providers are increasingly part of Health and Wellbeing Boards.

However, it is clear that this is work still at the mercy of policy change. Many providers do not sufficiently embed this into the mainstream of their work and still regard it as a 'bolt on' extra, and there has been no significant shift in budgets to support this work.

Kathryn posed the question, what have we done with what we know about the impact to actually implement a policy and practice to make a difference to individuals. With this question in mind a set of research questions were set.







Kathryn's presentation on 'The Impact of Adult Learning on Health and Wellbeing' addressed the overarching research question: What is the impact of participation in adult learning on physical and mental health and wellbeing?

Within this, there were also a series of subsidiary questions, which reflected 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 were:

- What is the relationship between adult learning and physical and mental health and wellbeing?
- How are the health outcomes defined and measured in studies on adult learning and mental health?
- What is the impact of adult learning on individuals' empowerment and inclusion in health?
- To what extent do health professionals understand the role of learning in improving health outcomes?



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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?

RESEARCH METHODOLOGY

- 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)
- Qualitative research of the impact of adult learning through questionnaires, case studies and learner and practitioner testimonies has provided a wealth of evidence.



The impact of education on physical and mental health and wellbeing Feinstein et al (2002ⁱ) 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.

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.

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.

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 if 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 guite 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.





WHAT ABOUT TEACHING?

- Preston and Hammond(2002) process is seen as important as content to the learning opportunity, though process could not occur without content.
- Hammond (2004) 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'
- BeLL (2014) 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



The extent to which health professionals understand the role of learning in improving health outcomes and learning professionals recognise learning for health as part of their role.

Kathryn said these final two questions were harder to answer as there was less existing research to review, but they were critical to our analysis for the *State of the Nations* report. 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 are probably and required.

Thinking back to the difficulties in providing valid research data on impact, one of the biases in the research is that those who think adult learning is important and who want to 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 plays 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.

The Chair thanked Kathryn and invited colleagues to partake in a discussion focussing on two specific points. The first focus was on terminology and for colleagues to explore what the terminology means. For example, before the research started there was some discussion about what do we mean about adult learning? It was agreed that we would use a definition that included non-formal adult learning.

Secondly, what do we mean by participation? What is adult learning in terms of the quantity? National adult learning surveys seemed to indicate the beneficial effects of having just two hours a week of learning, so we need to think about how much participation. The Chair reinforced the importance of ensuring the terminology is correct to ensure credibility, particularly in relation to the state of the nation report.

Kathryn confirmed that the focus of the research was on of adult learning referred to participation in adult learning in formal and non-formal learning settings.

An in-depth discussion was held during which colleagues debated whether within the formal learning sphere that should include learning that's not enforced and whether or not volunteers are included as a learner.

With reference to the initial question, what do we mean about adult learning? A colleague asked what the report needed to address as it could be framed in a number of ways depending on what we want to say. The BIS project is about proving that community learning works but if the report is about other areas it needs to be thought about in a wider context.

In summary the Chair informed colleagues that the structure of the report hasn't yet been decided and that the process will take place over the next year. Colleagues were asked to consider any gaps in the research that this committee hadn't previously considered and to feed these into the online forum on EPALE.





Action: Forum members were invited to feedback any gaps in the research not previously considered by this committee. This includes local research, locallycommissioned research, case studies etc.

It was stressed that the point of this research is the impact of adult learning, not targeted provision for mental health service users or people who are referred or mandated. With reference to the European Agenda there is much more of a consensus around the value of education per se. We need to remember that we do not need to justify every intervention by a detailed metric.

4. Case Study: English for Action

The Chair welcomed Dermot Bryers from English for Action to the meeting. English for Action was founded in 2009. It is an ESOL charity that delivers training around the country. The core of what the charity does is looking at the interrelationship between language learning and social change and how the two can help each other.

English for Action (EFA) is committed to participatory learning. Currently EFA has 17 classes at 15 different sites. Their first aim is to make the classes as accessible as possible by delivering them in different community locations. They also have an emphasis on taking action with students, continuing with the commitment to campaigning and community organising which the charity wants to see emerge organically from the learning.

English for Action also provides some teacher training, and research in partnership with other organisations, for example, Learning and Work Institute, the British Council and the ESOL Nexus project and with King's College, King's University, London.

After outlining EFA's Freirian approaches, Dermot talked about its six-week Citizens' Curriculum pilot, which focussed on the theme of health.

The pilot ran for six weeks and learners attended a two-hour session once a week at a primary school in their local community. The first two or three lessons were exploratory and learners were encouraged to exchange their experiences of using the NHS and health services in other countries they had previously lived in.





What is participatory ESOL?

- Bottom-up, grassroots
- dialogical
- Critical and transformative
- Emerging language
- Co-construction
- Unlearning
- Taking action
- Paulo Freire et al



The tutor used these "making meaning" sessions to explore where learners' interests lie, their current knowledge of the theme and their skills gaps. The middle two or three lessons then explored two specific topics within the theme in more depth: using emergency services, such as A and E and the 999 emergency telephone number, and GP waiting times.

These "going deeper" sessions involved critical literacy activities and discussions which built learners' language skills and developed their critical awareness of issues.

Finally, "broadening out" sessions enabled learners to relate what they had learnt to their own context. This involved introducing learners to thematic texts and participating in specific language practice activities or role-plays, particularly around using the NHS 111 telephone service. Learners also took actions to address a specific issue they identified through the previous sessions. This included writing a letter of complaint, speaking to their local MP or writing a letter to their local newspaper.

The Chair thanked Dermot for his presentation. Forum members received a copy of the slides and were invited to feedback and ask any questions.





Feedback and questions from Forum members:

It was felt that the positive impact on people's health, whether that be learners or their family members, is not only due to the functional learning of a language skill but it is also about enabling them to engage with the system.

How have the staff in your project been trained and how confident are they to draw out the issues and work with them?

Further to our previous experiences we now tend to recruit an ESOL teacher and support them to make the action, activism and the organising a reality.

Does your approach to community organising mirror your approach to teaching language?

The key factor is the issues and relationships that emerge from the group. Relationships are built between people in the group and outside of the classroom and it's interesting to see what emerges from that.

There seems to be a link around the professionalism of the workforce, a kind of dual professionalism. First and foremost, there is the skill about being a tutor or a teacher and how to get the balance between the two. Some skills are relevant to both roles. A good teacher and a good organiser or community development person will need to be able to listen and relate to people.

How do you reach people in the first instance and get people to come along?

One barrier to engagement might be around childcare, particularly for women. English for Action worked with primary schools and there was a target of 50 per cent of classes having a crèche and the cost of this provision was included in the budget. Sometimes the school will provide the crèche, it is complicated but it is important to try to find a solution.

Do you find a venue first or identify your target audience first?

Often, English for Action are approached to provide a class. On some occasions they may be able to fund the course and it can start straight away. If this isn't the case, then it might take a number of months before a class starts whilst the funding is found and put in place.

Who are EFA's main funders?

EFA is charitably funded by grants from foundations, a small amount from local councils and some family learning money. Main funders are organisations like the Esmee Fairbairn Foundation, Trust of London, the Tudor Trust and local foundations.

How do you present a case to possible funders?

The Esmee Foundation were particularly interested in sharing and learning about the practice so they fund things like our annual conference where people come from across the country to share their practice. They also funded some research to write





articles and share what we are doing. Other organisations might be more interested in helping a particular community.

At the start Ofsted struggled with the slightly more diffuse learning aims and with the pace of the classes. Some might consider that there is a pay off between inclusivity and some elements of quality. However, the learners have more control and we are delivering what they want and their learning has an outcome.

The Citizens' Curriculum and these kind of case studies are providing the evidence to present to the Skills Funding Agency and to Ofsted to say that these have value.

The Chair invited any further questions to be posted online and thanked Dermot for his presentation.

5. Future agenda and research questions

The Chair summed up by confirming that he will complete the action around the EPALE UK online platform and that he and Dr. Janine Eldred will revise the OECD response and upload it to the online platform.

Action: all members of the Forum is to feedback on the health research.

In relation to the strands of work for each of the themes the health strand can start immediately and the platform is where we will upload the existing information, the research questions, the research paper. This will allow colleagues here today and members that haven't been able to attend to visit the platform and add more information that we can respond to.

The next agenda will focus on communities. As soon as the research questions are received from the Scottish partners, they too can be uploaded to the collaborative space so people can respond.

An offer was made for the next meeting to be held at NUS in London which was accepted. The consensus of opinion was that the best time for the meeting would be during the first week in October.

Action: SC to liaise with Katie Shaw about the availability of a room and set up a Doodle poll.

The Chair closed the meeting by inviting members to email him if they had any evaluative comments to make on the forum meeting and any suggestions on how it could be better run in the future.

Attendees were wished a safe journey and the Chair gave a special thanks to our presenters, Kathryn James and Dermot Bryers.

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



