



Public Health
England



UCL Institute of Health Equity

Local action on health inequalities: Adult learning services



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About this evidence review

This evidence review was commissioned by PHE and researched, analysed and written by the IHE. There are related evidence reviews available in this series. There is a companion summary briefing note available on this and other related topics from the same series. This review is intended primarily for directors of public health, public health teams and local authorities. This review and the accompanying briefing are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

This evidence review was written for IHE by Matilda Allen.

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Key messages

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

Introduction

This paper summarises the evidence on adult learning and health. There is evidence that involvement in adult learning has both direct and indirect links with health, for example because it increases employability. These effects differ according to who is taking part and the type of learning provided. There is also evidence that skill formation (particularly in literacy and numeracy) and qualifications may be important for health. There is some evidence that those who are lower down the social gradient benefit most, in health terms, from adult learning.

People who are unemployed, live in deprived areas, occupy more disadvantaged socio-economic positions, or have few or no educational qualifications, could particularly benefit from adult learning, as they already face negative health outcomes related to the wider conditions in which they are born, grow, live, work and age. However, there is a gradient both in participation in adult learning and skill level, whereby the more someone would benefit from adult learning, the less likely they are to participate, and the lower their literacy and numeracy skills are likely to be. This is due to a range of barriers, including prohibitively high costs, lack of personal confidence, or lack of availability and access.

This review also shows that there are a number of actions local authorities can take to increase access to adult learning, improve quality of provision and increase the extent to which it is delivered and targeted proportionate to need.

This paper is part of a collection of evidence reviews commissioned by Public Health England (PHE) and written by the UCL Institute of Health Equity. A corresponding briefing on this topic area is also available, as are additional evidence reviews: the reviews on young people not in employment, education or training (NEET), and on employment, are particularly complementary to this review on adult education.

Throughout the paper, we have highlighted certain evidence and resources in boxes such as this one. These are labelled in the following ways:

Intervention – an example of a strategy, programme or initiative, taken by a local area, organisation or national government, that it is felt may contribute to reducing health inequalities by acting on the social determinants of health. It has either been evaluated and shown to be effective, or is considered to be an example of promising action.

Key message(s) – summaries of the key findings or action proposed in this paper.

Key literature – summaries of academic studies or other reports which provide key information relevant to the chapter, often taking into account a range of different programmes or projects.

1. What is adult learning?

Adult learning, sometimes called life-long learning, includes all education and training that takes place over the age of 18. For the purposes of this paper, traditional higher education in the form of university degrees, either undergraduate or postgraduate, will not be included. We will be focussing instead on formal and non-formal adult learning, of primarily non-workplace types (although workplace training is discussed briefly in section 4.4.) Definitions of these terms and others used in the paper are listed in the box below.

Definitions used in this paper

Adult learning – all learning that adults over the age of 18 take part in, apart from formal further education.

Formal learning – provision that leads to a nationally recognised qualification.

Non-formal learning – provision that does not lead to a nationally recognised qualification, but is still delivered via a taught class.

Informal learning – self-directed study to improve knowledge.

Vocational learning – education or training that teaches participants specific skills for a defined job.

Employability skills – transferable skills one needs for a job (e.g. good communication or management).

Basic skills – usually refers to literacy and numeracy, although sometimes this includes IT proficiency.

Workplace learning – for employees of a particular business, organisation or trade (for example, health and safety training on the job), usually delivered and at least part-funded by the employer.

Non-workplace learning – predominantly delivered in the community, by local authorities, charities, private sector or educational organisations, for local people.

See appendix 1 for a definition of the various qualification levels referred to throughout the report.

In recent years, there has been some interest in adult learning among policy-makers, despite declining participation rates (see section 2.2). This interest has focussed on two main areas: firstly, it has tended to emphasise basic skills. An England-wide strategy for improving literacy, language and numeracy skills, the Skills for Life strategy, was launched by the government in 2001, and included an infrastructure, national standards, curriculum, materials, tests, qualifications and standards for teachers, and national targets.¹ The Leitch Review, published in 2006, set out the ambition for the UK to become a world leader in skills by 2020.²

Secondly, there has been an increased focus on encouraging employability through adult learning. In 2011, the government launched a new initiative that invited providers in the further education and skills sector to prioritise labour market-focused training that will engage more people who are out of work and help them develop skills that will support their progression into employment. There were also new funding arrangements to support people on benefits seeking employment or moving towards work.³

This paper will pay particular attention to what local authorities can do in these two areas – building basic skills, and increasing employability. However, as the evidence in section 2 shows, there is also good reason to provide and engage the public with non-formal learning, and to engage across the life-course. The coalition government has tended to focus on formal accredited learning and younger ages. Non-formal learning, particularly for older people, can have a positive effect on wellbeing and health. There is also some evidence that adult learning can improve children's outcomes by breaking the intergenerational transmission of disadvantage.

2. Adult learning and health inequalities

2.1: What impact does adult learning have on health?

There is good and clear evidence that educational attainment as a young person (in terms of more qualifications, higher level qualifications, and more time spent in formal education) tends to result in better physical and mental health outcomes.⁴⁻⁶ There has been less of a focus on the impact of learning later on in life, but there is encouraging evidence that this can also have a positive effect on health and potentially reduce health inequalities.

Indirect links between adult learning and health outcomes

In many cases, it is easier to measure 'interim' outcomes than the health impacts of engagement with adult learning, particularly in individual programme evaluations, which may not have the resources or time-scale to measure physical or mental health outcomes.

Social capital and connectedness

There is some evidence that adults participating in adult learning courses in the community show enhanced social capital.⁷⁻⁸ Feinstein has shown a link between adult learning and engagement with community activities and voting behaviours, which then have a positive effect on health.⁸ This evidence is supported by a large-scale national survey in Greece, which found that participation in education courses resulted in substantial benefits in the area of social relations.⁹

The impact on social capital and connectedness was also highlighted by the British government's Learning Revolution White Paper, which stated that adult learning can build the health and well-being of communities through an increase in confidence, resilience, social relationships, support and solidarity. This specifically applied to non-formal learning.^{11,10}

Health-related behaviours

There is some encouraging evidence that taking part in adult learning has a positive effect on health-related behaviours. This may be due to an increase in self-efficacy,¹¹ which can have an effect on health-related behaviours.¹²

Research by Feinstein and Hammond found increased levels of exercise among those who took part in at least one academic accredited course.¹³ Taking part in three to ten adult courses increased the percentage of people taking part in exercise from 38% overall to 45%.⁸ Taking just one vocational accredited course also tended to increase these exercise levels.⁸

Some research has shown decreased alcohol consumption among those engaged in adult learning,¹³ but the results are mixed. While leisure courses and those that are vocationally accredited tend to result in a reduction in alcohol consumption, there has been evidence of an increase in consumption associated with work-related courses,¹⁴ or those taking many courses. This may be due to an increase in social contact and, therefore, social activities that involve alcohol.¹⁵

Taking one to two courses (of any type) between the ages of 33 and 42 is estimated to result in a 3.3% increase in the probability of giving up smoking.⁸ Evidence presented in part 2.2 shows how this may have a greater impact lower down the social gradient.

Research on effects over time has shown that for all health-related behaviours, the magnitude of benefit gained from adult learning is greatest for the first few courses taken.

Skills

There is also evidence that adult learning can have an effect on skills – for example, in one study, participation in adult learning was associated with improved verbal ability, verbal memory, and verbal fluency in late midlife.¹⁶ However, an American longitudinal study of adult learning (which has not been replicated in the UK), showed a direct relationship between programme participation and engagement with literacy practice (for example, reading books), but no significant effect on proficiency.¹⁷ It is clear that programme design and delivery will have an effect on skills acquisition, as discussed in section 4.

There is also good evidence that adult learning improves confidence^{18 19} which may then have an impact on engaging in further learning, which builds skills or links to employment. For example, acquiring NVQ2 has been shown to increase the likelihood of further accredited learning.²⁰ Survey data from the UK in 2010 indicates that 64% of formal and non-formal courses taught learners new skills and 32% boosted learners' confidence.²¹

Where adult learning programmes result in an increase in skills, this may have an effect on health. International evidence shows that highly literate adults have increased odds ratios of having good to excellent health, being employed, and having higher wages.²²

Employment

Participation in adult learning can have two interrelated effects on employment. Firstly, it can help those who are unemployed find and sustain employment. Secondly, it can help those who are already employed to gain an increase in wages or progression in their career.

Adult learning is often used as part of a strategy to help unemployed people move back into employment. There is some evidence that this is effective. Attaining an NVQ3 qualification can improve the probability of entering employment by 2.3% for men and 1.8% for women.²³ There is a cited need for improved reading, writing and maths skills in the workplace,¹ so courses that focus on these skills may be particularly effective.

Recent data suggests that a programme which provided learning below Level 2 for people who were unemployed resulted in 31% of participants moving into employment. However, when the counterfactual is included (what would have happened without the learning), the positive effect on employment is small.²⁴ There is some (limited) evidence that participating in ESOL (English for speakers of others' languages) courses has a positive impact on employment outcomes.²⁴ Generally, the positive impact of adult learning on employment occurs through the gaining of qualifications, rather than participation on its own.

Education and training can also help those who are in work. According to responses to the National Learner Survey, half of formal and non-formal courses led to learners acquiring new skills relevant to their jobs, over a third (37%) helped to improve job performance, 19% boosted job satisfaction and 9% resulted in higher wages, although this does not include counter-factual calculations.²¹ Analysis estimates that gaining a Level 1 qualification between the ages of 19 and 24 increases wages by an average of £32 a week, four years after learning.²⁴

The impact of learning on wages is particularly noticeable where skills, or 'proficiency', are increased. The value of basic skills in the labour market has been estimated to explain up to 10% of wage differentials.²⁰

There is good evidence, from the UK and internationally, that employment is better for health than unemployment, providing it is good quality employment.⁴⁻⁶ There is also significant and strong evidence that those higher up the gradient in work – with higher wages and higher status positions – have better health outcomes.^{4 6 25 26} Therefore, education and training that helps individuals gain employment in good quality jobs, or ‘move up’ in their career, may have a positive effect on their health.

Direct effects of adult learning on physical and mental health

Physical health

There is less evidence on direct links between an increase in adult learning and improvements in physical health than for mental health. However, Chandola et al have conducted research that shows that qualifications obtained as a result of learning in midlife, are associated with a decrease in coronary heart disease risk in both women and men.²⁷

Across 25 European Union countries, research has found that (among men only), life-long learning was positively associated with healthy life years at age 50 (that is, on average, the number of years someone can expect to live in full health from their fiftieth birthday).²⁸ This was applicable at a national level – those countries that had a higher percentage of 25-64 year olds participating in education or training had a higher healthy life expectancy for men.

Finally, there does seem to be an association between literacy and numeracy levels and self-rated health (figure 1). However, this does not prove that there is a causal relationship between basic skills and health, as skills can be formed through initial compulsory education, or life experience, as well as life-long learning.

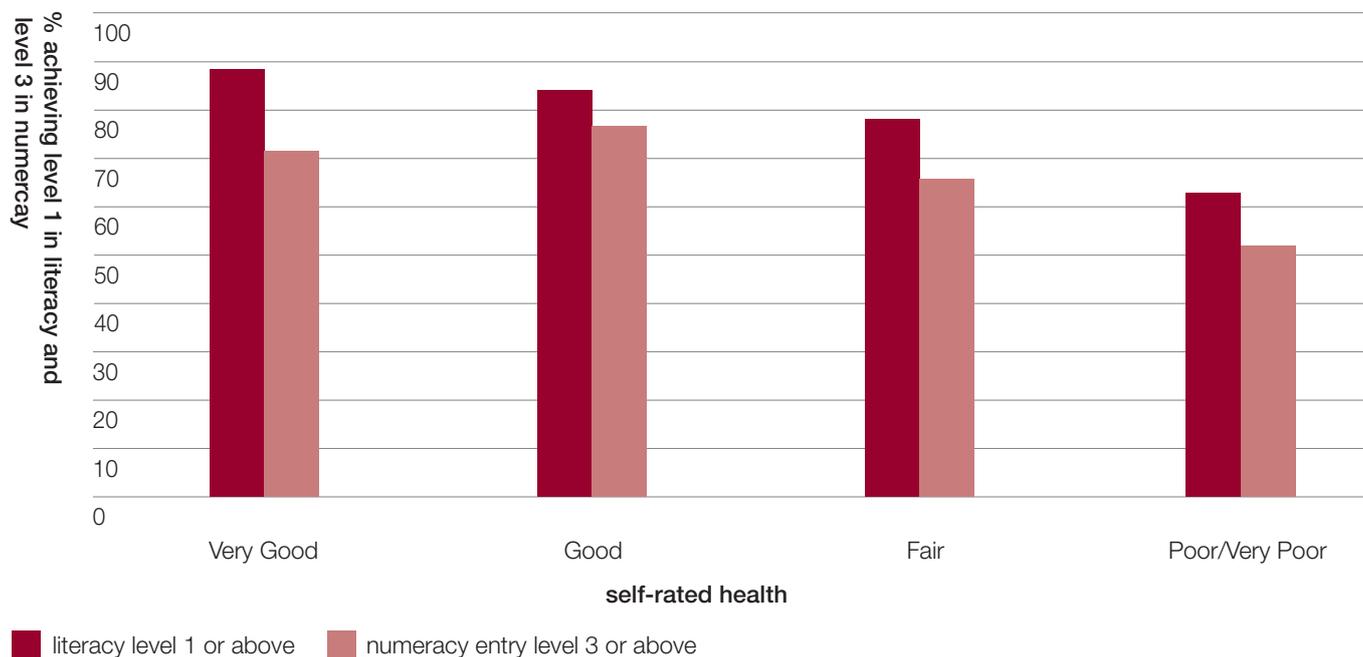


Figure 1. Literacy and numeracy levels and self-rated health

Source: Data from²⁹

Mental health and wellbeing

The evidence on mental health and wellbeing outcomes as a result of adult learning is relatively good, particularly for measures of wellbeing or life satisfaction. This may be because results in this area are more visible in the short term, during the course of evaluations, than longer term improvements in physical health.

There is good evidence that education (in general) has a positive effect on mental health and reduces depression. These results were particularly found in the case of women. Adopting a conservative cost model, economic modelling in this research found that a policy that increased the education of females from no to basic qualifications would reduce the cost of depression by £230m a year.³⁰ Feinstein et al found that taking three to ten adult learning courses offset the predicted decline in life satisfaction (associated with increasing age) by 35%.¹³

For adults in their thirties and forties, there is a correlation between participation in learning and life satisfaction and psychological wellbeing.³¹ A study using data from the English Longitudinal Study of Ageing (ELSA) also found that for those over 50, learning was associated with higher wellbeing, including after controlling for a range of other factors.³² Canadian evidence shows a positive association between the duration of participation in continuing-education programmes and wellbeing among those over 60 years old.³³

There is evidence that the type of course taken matters. The ELSA study of those over 50 found strong evidence that taking part in education, music, arts, evening, sports or exercise classes was associated with higher well-being. However, there was more limited evidence that obtaining qualifications was associated with improved well-being, and no evidence that formal education or training courses had an impact.³² Other evidence has shown mixed results for leisure courses,¹⁴ although some evidence shows it is effective for older adults.³⁴

Some evidence has found a negative impact on mental wellbeing as a result of adult learning.³⁵ This particularly seems to be the case for academically accredited courses for those who have initial qualifications below Level 2, whereas vocational accredited courses tended to have a positive effect.¹⁴ This negative effect may be due to increased stress.

2.2: Adult learning and inequalities

Those in more disadvantaged social positions— whether this is measured in terms of socio-economic position, wealth, or educational attainment – face a double burden when it comes to adult learning. Firstly, these groups have greater need of adult learning: they tend to have had lower attainment at school, are more likely to be unemployed, and have worse physical and mental health outcomes. However, they are proportionately less likely to participate in adult learning, creating a double burden.

A lack of participation is due to a range of barriers – personal, environmental and systemic. This section gives a summary of evidence in each of these areas, and then provides findings that some types of adult learning have a proportionately greater effect for those lower down the social gradient than others. Where this occurs, it may be able to contribute to narrowing health inequalities.

The gradient in need for adult learning

There is a social gradient in educational outcomes: those at the bottom of the social gradient, measured by wealth or deprivation, are more likely to have no qualifications than those at the top, who are more likely to have stayed in education longer, and gained more qualifications.³⁶ Some groups are particularly disadvantaged in this respect – for example, it is estimated that 62% of gypsies and travellers are illiterate.³⁷

This has a direct and indirect effect on health. Evidence shows that those with lower-level qualifications tend to have worse health outcomes, and they also have lower employment prospects, worse conditions and lower wages in jobs. For example, in 2010, the employment rate among those with no qualifications was only 40%, compared with a rate of 84% among those with Level 4 and above qualifications.³⁸

Skills also follow a gradient. Figure 2 shows the gradient in literacy and numeracy skills by local Index of Multiple Deprivation scores: those living in more deprived areas are less likely to have basic literacy and numeracy skills.

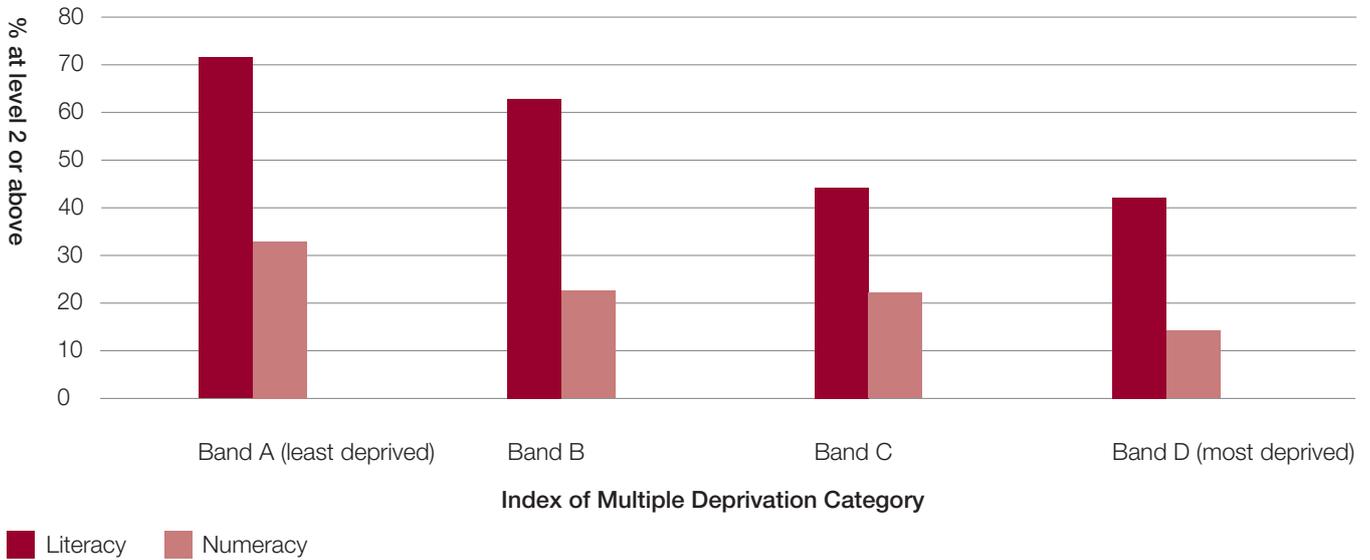


Figure 2. Percentage achieving Level 2 or above in literacy and numeracy, by deprivation level
 Source: Data from²⁹

A gradient is also visible in literacy according to household socio-economic classification. While there have been improvements across the board between 2003 and 2011, these have not resulted in a shallower gradient (figure 3).

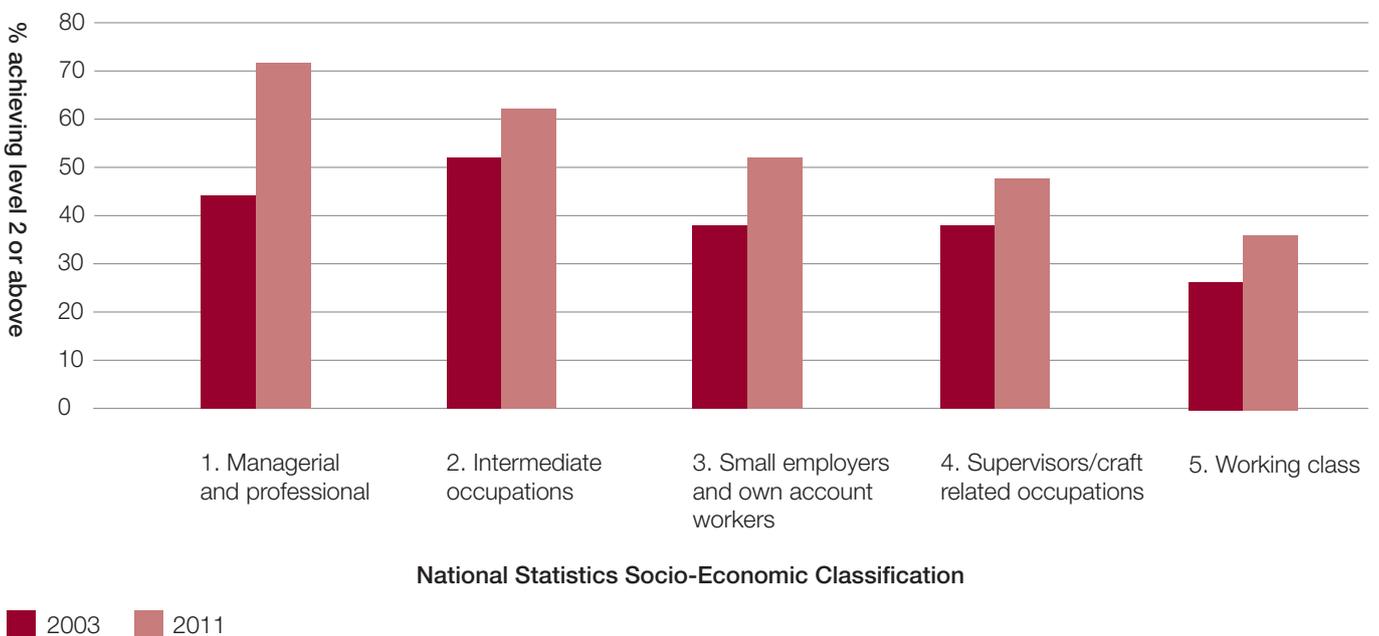


Figure 3. Percentage achieving Level 2 or above in literacy by household socio-economic classification in 2003 and 2011
 Source: Data from²⁹

Evidence also shows that those who are unemployed are more likely to experience a loss in skills over time, particularly in numeracy, and for men.¹ This decline is also more pronounced in those who leave school without a threshold level of competency – those whose literacy and numeracy skills are poor at age 16 are more likely to experience a decline in skills level during periods of

unemployment.¹ To add to this disadvantage, those with a low literacy rate are more likely to be unemployed in the first place.³⁹ Adult learning therefore may have a role in maintaining, as well as increasing, literacy levels over the life course.

Further factors influence literacy and numeracy levels, including having English as a first language. For example, according to a national survey, 60% of those who have English as a first language have a Level 2 or above in literacy, compared to 31% of those who do not have English as a first language. The numeracy levels are 23% and 14% respectively.²⁹ Men are more likely to have a good numeracy score than women, while literacy is similar across genders.²⁹

Statistical analysis has found that weak literacy, numeracy and ICT skills are related to:²⁹

- not having English as a first language
- neither parent staying in education beyond the age of 16
- experiencing self-assessed learning difficulty
- having no educational qualifications
- being employed in routine occupations
- being long-term unemployed

In summary, evidence shows that people in more disadvantaged socio-economic positions, who live in deprived areas, are unemployed, or do not have English as a first language, are all less likely to have academic qualifications or a good level of literacy and numeracy skills. This applies across the gradient, rather than just to those who are most disadvantaged. Furthermore, academic success and high skill level tend to result in better health. Therefore, education and training across the life course should be accessed most by those who are more in need, and have lower skills or qualifications. However, as the next section shows, this does not tend to happen.

The gradient in participation in adult learning

Participation rates in adult learning have decreased recently, and participation from disadvantaged groups and those with no qualifications is lower than for other groups.⁴⁰ One study found that analysing individuals age, sex and family background enabled the study to predict participation in adult learning with 75% accuracy. If initial schooling was also included, this increased the accuracy of prediction to 90%.⁴¹

In this section, levels of participation are presented according to deprivation or socio-economic status, employment, and previous educational qualifications. Some other relevant factors are mentioned. Much of the data comes from the 2010 National Adult Learners Survey, an England-based series used by the Department for Business and Skills (BIS). In 2010, it was based on over 4,600 interviews with adults not in continuous full-time education.²¹ However, the associations between factors are also supported by further studies and research, which will be referred to where relevant.

Participation by measures of socio-economic position and deprivation

There is a clear gradient in participation in adult learning by socio-economic position and level of local deprivation. Data from 2006 shows those of the highest social class are approximately twice as likely to be learning as those in the lowest.⁴² A study in 2010 found a difference of 29% in overall participation between those in the highest and lowest income bands (84% of those with a household income of £31,200-plus per annum compared with 55% of those with £10,399 or less).²¹

Figure 4 shows the gradients in adult learning according to deprivation level and type of learning. There is a particularly steep gradient in informal learning (learning at home), whereas formal learning (leading to an accreditation), while at a lower level overall, showed generally comparable rates across deprivation levels.

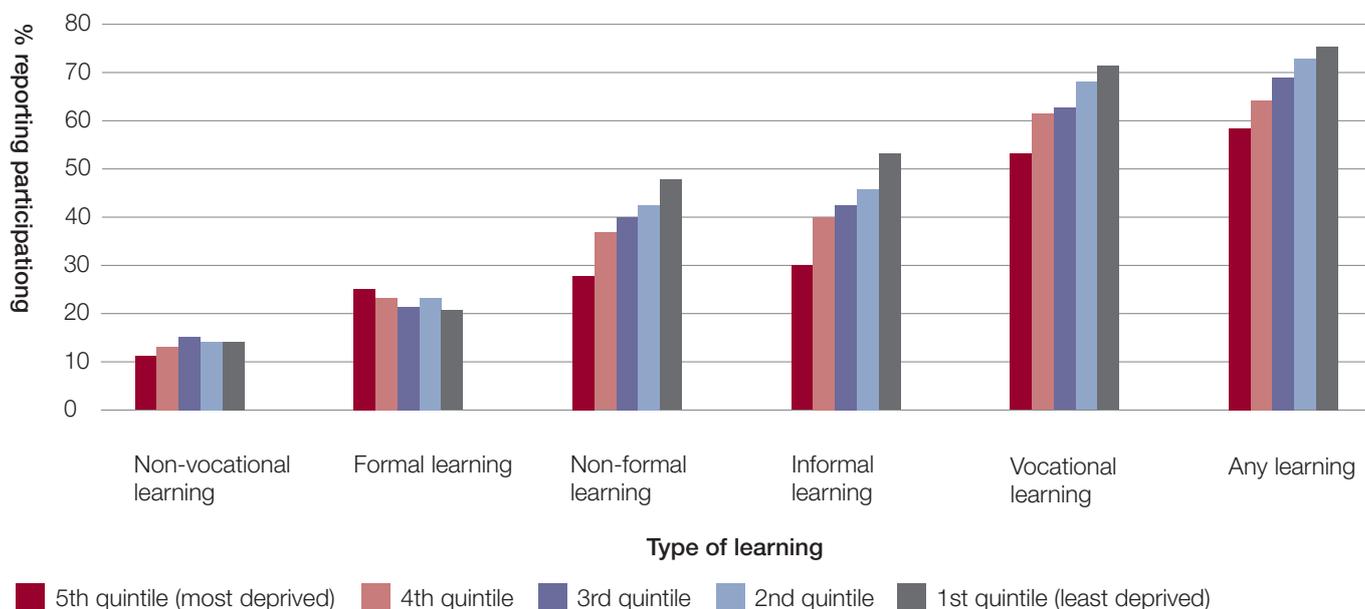


Figure 4. Gradients in percentage reporting participation in learning in the previous three years, by Index of Multiple Deprivation quartiles, 2010

Source: Data from²¹

Participation by employment status

There are also differences in participation according to whether or not people are employed, and if they are, by type of employment. Figure 5 shows that those who are employed are more likely to have taken part in a learning activity than unemployed people. Participation rates were particularly low among those who were retired or ‘incapable of work’, where levels were half that of full-time employees.

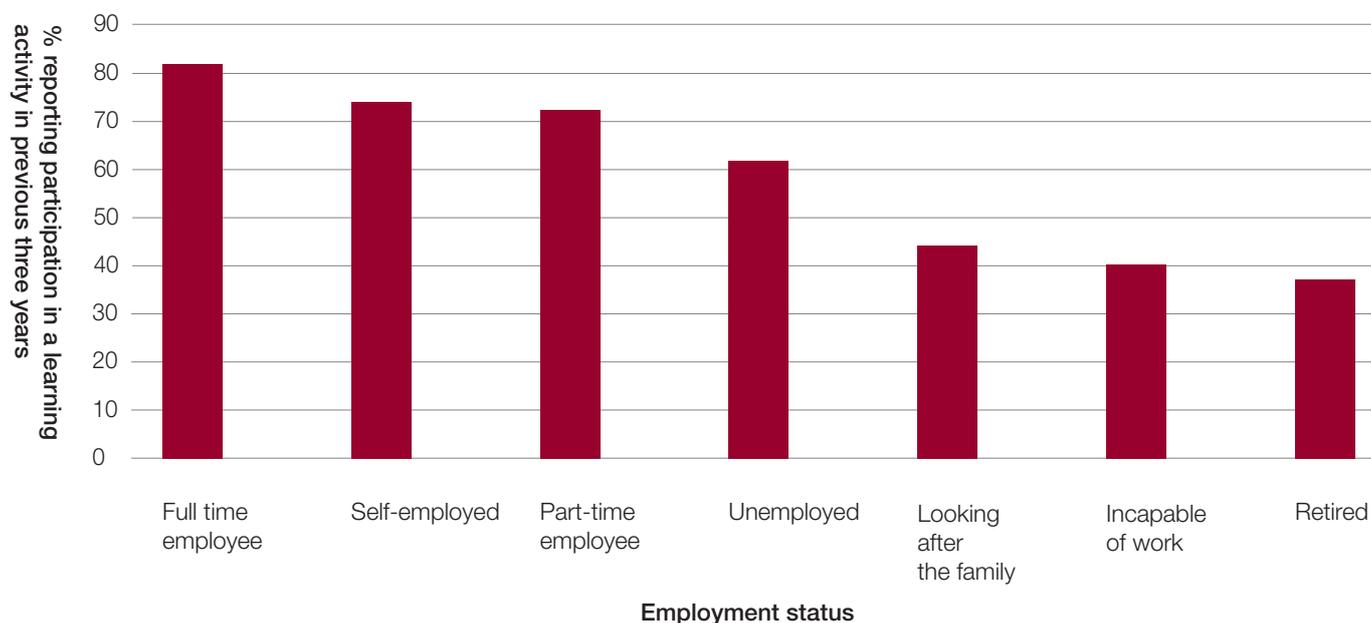


Figure 5. Percentage reporting different types of learning according to employment status, 2010

Source: Data from²¹

Furthermore, even for those in work, there is a gradient. People who are low-skilled are least likely to take part in in-work training or education, which may jeopardise job retention and the ability for job progression.^{43 44}

Participation by previous qualifications

Adults who already have higher educational qualifications are more likely to take part in further learning than others.^{14 32} Figure 6 shows the gradient in rates of participation by highest qualification received in 2005 and 2010. There is a difference of 63% in participation rates between those with the highest levels of qualification and those with no qualifications. This gradient is particularly steep at the lower levels. The graph also shows that while participation levels fell across all groups between 2005 and 2010, they fell most for those with no qualifications, effectively increasing inequalities in this area. The data also showed that those in lower job grades and those who had no prior qualifications were more likely than others to withdraw from programmes before completion.¹



Figure 6. Percentage of adults reporting learning, by highest qualification received, in 2005 and 2010

Source: Data from²¹

Other relevant factors

Further relevant characteristics appear to be age – with participation rates tending to decline with increasing age,¹⁴ disability, which is a major barrier to participation,⁴⁵ and parental educational levels. 65% of those who report neither parent staying at school after 16 take part in some type of learning, compared with 84% of those who have at least one parent who has a degree.²¹ This final factor shows the intergenerational transmission of disadvantage – where inequities perpetuate across generations due to the increased likelihood that people who are disadvantaged or have few qualifications will have parents who also experienced disadvantage or did not gain many qualifications.

Why do some people not participate?

The fact that participation in learning is not equally distributed throughout society points to the fact that some people face barriers to participation. Tarani and Chandola³⁶ summarise these as:

- financial barriers
- difficulties of access
- lack of confidence about ability to cope with and complete courses
- perception that the courses are not relevant to needs or interests

These barriers are more likely to be experienced by those of in more disadvantaged socio-economic positions, living in areas of higher deprivation, or with low levels of qualifications. For example, cost is more likely to be a barrier for those on a lower income, and those with low qualifications were more likely to say they lack confidence (23% among those with no qualifications, and 16% among those with Level 1, compared with 8% of those with a Level 2 qualification).²¹ Furthermore, many people experience more than one barrier.¹⁴ Financial barriers, where the cost of participating is prohibitive (either due to a direct payment, lost income, or having

to pay for childcare or travel), seems to be an increasing problem. In 2005, 21% of people reported cost as an obstacle to learning. By 2010, this had risen to 58%.²¹ This is likely to reflect both increasing costs due to decreases in funding in some areas, and a decrease in disposable income as a result of the economic downturn that started in 2008.

Evidence that adult learning can reduce inequalities, and tackle intergenerational inequity

There is some, limited, evidence that accessing adult learning can have a greater effect for those in more disadvantaged social positions, thereby reducing health and social inequalities. Studies of the reduced heart disease risk as a result of higher qualifications found evidence that this particularly applied to men who had no qualifications from school. The authors state that although it is not conclusive, this suggests that “men and women who leave school without any qualifications may be able to ‘catch up’ to some extent with more qualified people in terms of lowered coronary heart disease risk, if they obtain qualifications later on in life”.²⁷ Figure 7 shows the effect of qualifications on self-rated health, by previous qualification level. This also suggests that for those who had at least one GCSE/‘O’-level, there was no health effect from having later qualifications. However, for those with no previous qualifications, there was a noticeable improvement in self-rated health, moving this group towards the outcomes of those with prior qualifications.

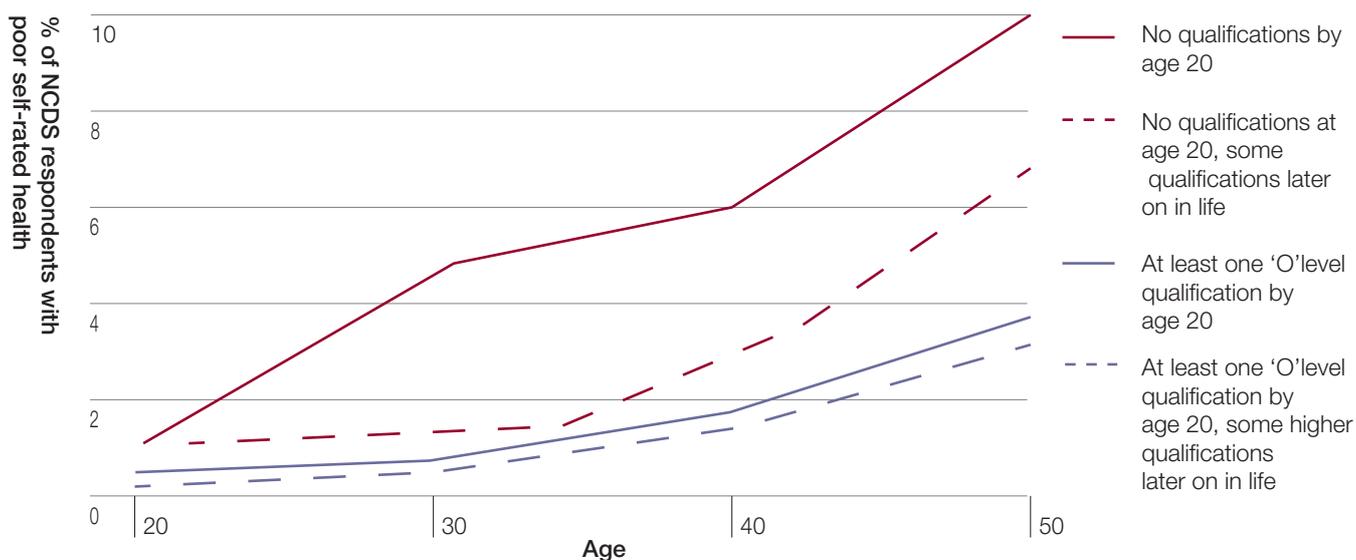


Figure 7. Percentage of National Child Development Study (NCDS) respondents from ages 23 to 50 reporting poor self-rated health, who left school with no qualifications or with one GCSE/‘O’-level qualification by age 20, by additional qualifications gained in midlife

Source:³⁶

Similarly, the positive effect of adult learning on giving up smoking was particularly seen in those who had low initial educational attainment or engagement, although the effect was not great enough to show a statistical decrease in health inequalities.¹¹ A national study in Greece also found that the positive effects of adult learning courses were particularly seen among disadvantaged participants,⁹ and research on the effect of education (in general) on depression found that the positive effects were disproportionately focussed on those lower down the social gradient – the largest impact was observed for those gaining low level qualifications.³⁰

Key literature: the proportionate universalist effect of increasing literacy proficiency on wages, in a context of high unemployment

The American Longitudinal Study of Adult Learning,⁴⁶ carried out in Oregon, gave detailed information on the relationship between literacy proficiency and wages. It found that initial level of proficiency has an impact on the initial level of earnings, and on earnings growth over time (possibly through increased access to continuing education, training, or how much individuals are able to learn through work). In addition, “above and beyond the effects of literacy proficiency level on earnings, the rate of proficiency *growth* affects earnings”. The evidenced link between literacy and earnings worked in one direction – there was no evidence that level of earnings affected literacy. Furthermore, the data, “indicate that the role of literacy is particularly important (at least for low-education workers) in tight labour markets”, suggesting that in times of recession, increases in literacy proficiency will have a disproportionate effect on lower wage workers – those further down the social gradient. Literacy improvements may therefore be an effective ‘proportionate universalist’ approach.

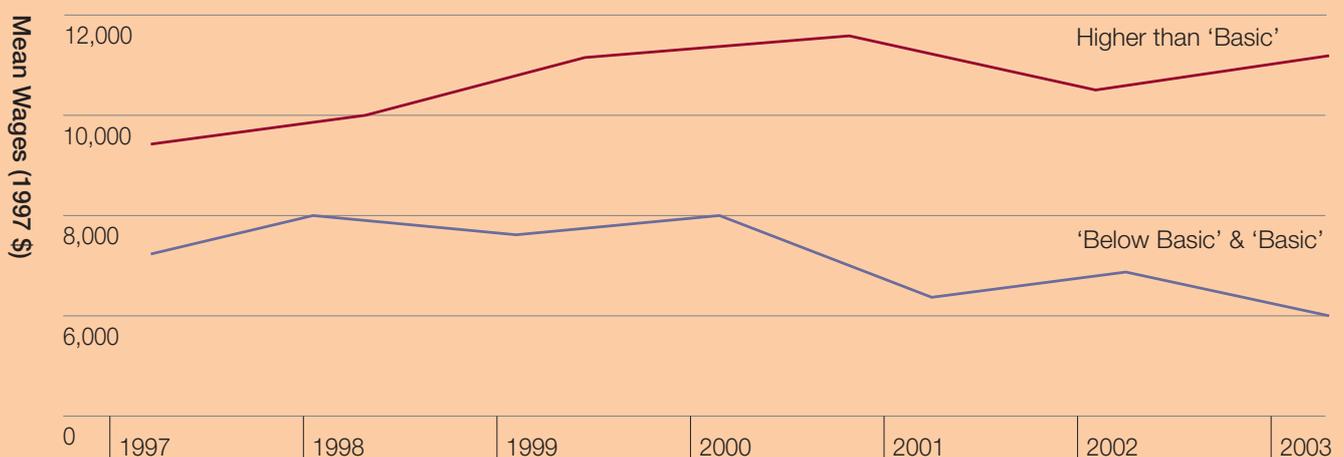


Figure 8. Annual earnings by year, 1997-2003, by proficiency level

Source:⁴⁶

This graph shows data from Oregon, where there was a marked increase in unemployment from 2000-03, which led to an increase in the gap in earnings between those with higher and lower proficiency in literacy.

Finally, some literature states that adult learning can decrease the transmission of advantage or disadvantage between generations.¹⁴ A Cabinet Office paper found that parents gaining more basic skills had increased confidence when helping children with their homework and other learning activities.⁴³ This may help to increase children's attainment, as well as the mental well-being of children and their parents (the evidence review on resilience in this series provided information on how parental confidence and attitudes can impact on children of school-age.) A review of evidence on the wider impacts of adult learning found significant evidence that parental level of education impacted on children's outcomes, but a lack of specific studies on the effect of adult learning.⁴⁷

The Centre for Research on the Wider Benefits of Learning has a research strand which focusses on the family effects of learning. As part of this, it has investigated the effects of mothers' post-16 education on their children's development and their own parenting skills. They found that while there is a correlation between length of time spent in education and mother's parenting skills and children's cognitive ability, this is predominantly explained by other factors such as the aspiration and motivation of the mother.⁴⁸ For this reason, adult learning which builds aspirations and motivations among parents may be particularly beneficial.

3. Scale of the problem

In order to establish the extent of the issue, there are two things we can measure – the extent of participation in adult learning, and the extent of skills (particularly in literacy and numeracy). This section provides recent figures on both issues, and discusses some changes over time; variations by local area in England; and a brief analysis of how England compares to other countries.

3.1: Levels of participation in adult learning and changes over time

In the 2010 National Adult Learner survey, overall participation (people taking part in some kind of formal, informal or non-formal education or training in the last three years) was 69% – the lowest recorded figure since this annual survey began. Figure 9 presents the data since 1997, showing gradual increases until 2002, a large increase from 2002-05, and then a dramatic decrease.²¹ The survey also reports that there was a particular decline from 2005-10 in the numbers of older people (60-plus) taking part.²¹ The volume of training taking place in the workplace has also decreased, from 7.8 days per year in 2011 to 6.7 days in 2013.⁴⁹

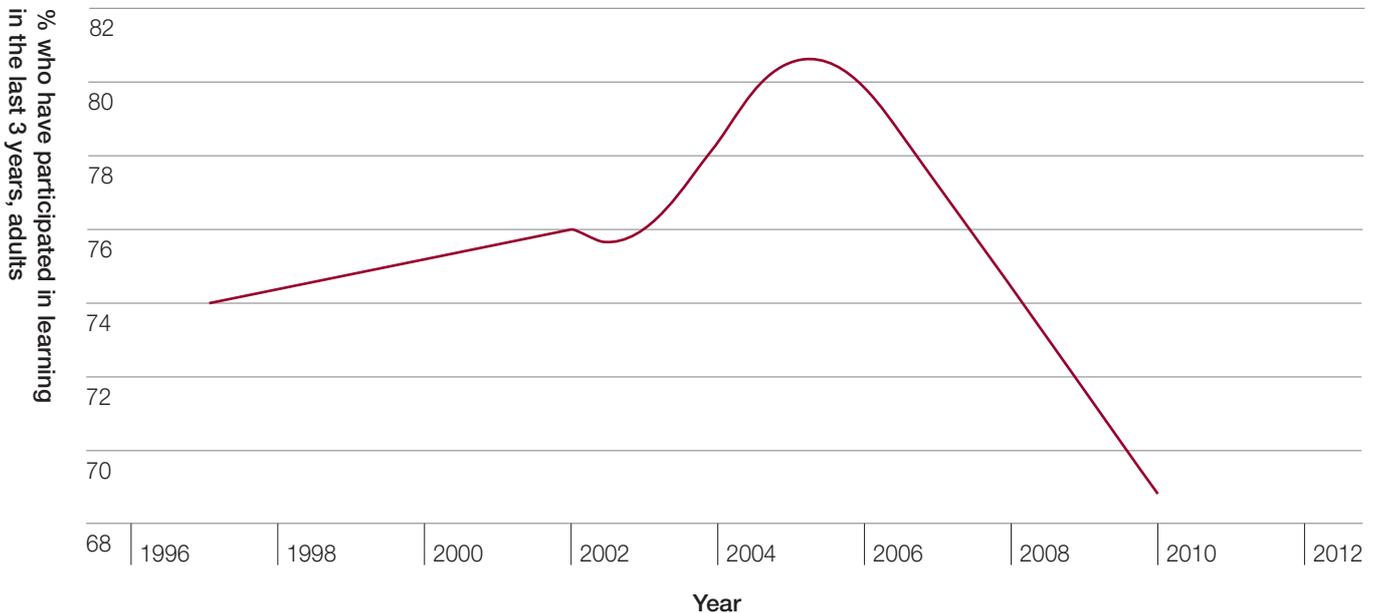


Figure 9. Percentage of adults who have taken part in some kind of learning in the previous three years (since leaving full-time continuous education), 1997-2010

Source: Data from²¹

In terms of skills for those aged 19-65, there has been a 12% rise in those with a Level 2 or above score in literacy since 2003. There has not been an improvement in numeracy.²⁹

3.2: Local variation

There is not a large amount of information available on adult learning participation, or skill levels, at a local authority level. Research has, however, found some regional differences, including particularly low levels of numeracy and ICT skills in the North East and low literacy scores in the North East and London.²⁹

3.3: International comparison

Figure 10 shows the rate of participation in adult learning in the UK, compared with other European countries. While the UK is not at the bottom of the scale, the participation rate is still approximately half that of Denmark's and Switzerland's.

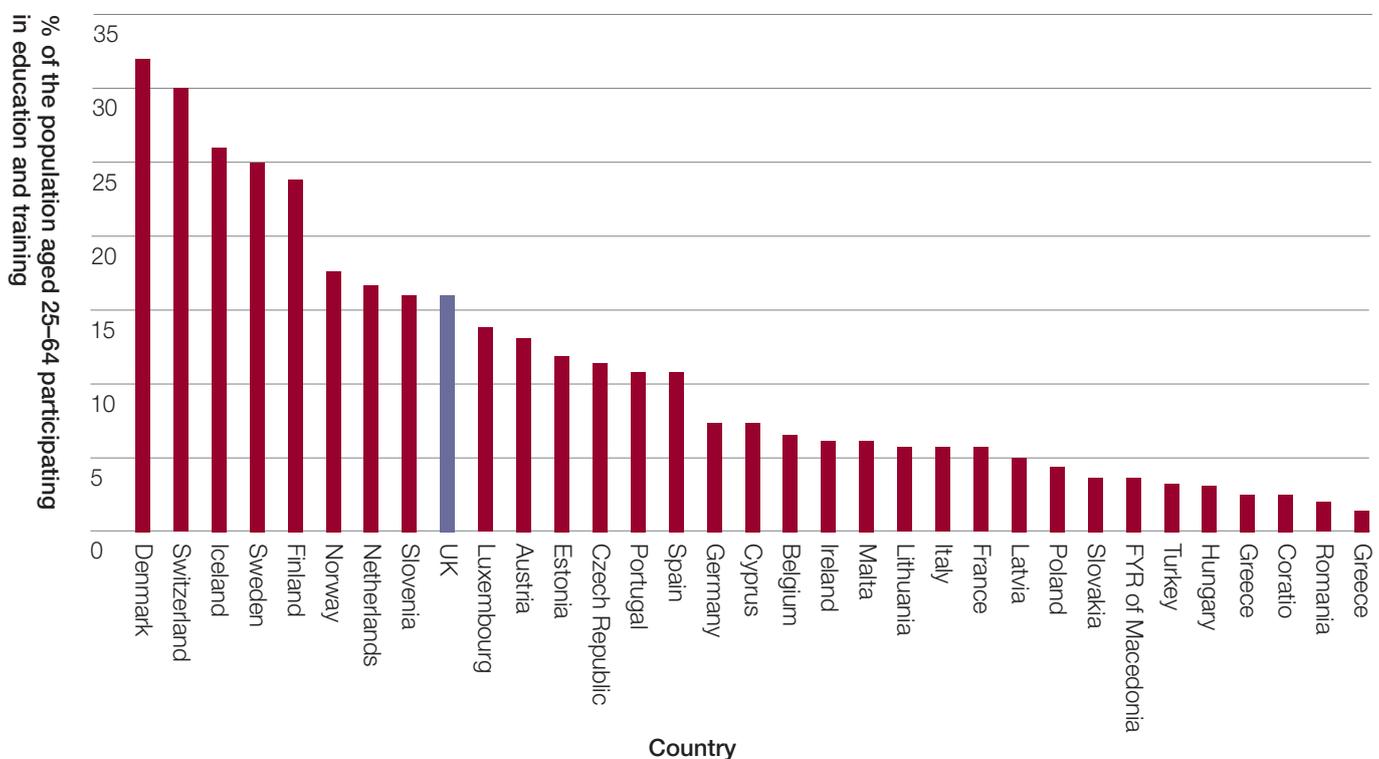


Figure 10. Lifelong learning, European countries, 2011

Source: Data from²⁹

Other research shows that while participation levels in the UK are relatively high compared with other European countries, the average duration of formal education and training is relatively short.⁴⁵

In terms of skills, the UK is performing worse in literacy and numeracy than the OECD average.⁵⁰

There is also some evidence that in the UK, variations in adult learning by previous educational experience and qualifications, occupations and socio-economic class are wider than in Scandinavian countries.⁵¹ There is clearly work to be done both to improve participation in learning and skills overall, and to reduce inequities.

4. What works to improve adult learning

This section uses the published literature, interventions, and experience of the Institute of Health Equity (IHE) and partners to suggest some principles for action in order to maximise the positive effect of adult learning on reducing health inequalities. All actions should be taken with a concern for proportionate universalism – making sure that access to, and outcomes from, adult learning are universally available but targeted with an intensity proportionate to need.

There is promising business case for increasing skills through adult learning. The fiscal benefits due to increased taxation revenue per annum as a result of an increase in skills are estimated to be between £83 and £787 per person as a result of an increase from below Level 2 to Level 2, and between £513 and £1,391 as a result of an increase from Level 2 to 3 skills. Public value benefits range from £443 to £1,208 as a result of an increase from below Level 2 to Level 2, and between £921 to £1,925 for an increase in skills from Level 2 to 3.⁵² Learning below Level 2 has been estimated to make a total return of approximately £638m to public budgets over four years.²⁴ When lifetime benefits both to individuals and to the economy are analysed, estimates show that return on investment is £21.60 for every £1 invested at Level 1 courses for those aged 19–24. These returns diminish at older ages – the return is only £5.90 for those aged 25 and over.²⁴ However, there are other benefits to earning at older ages, as discussed further in this review.

Local authorities have a key role in promoting, organising and coordinating training and learning in their local areas. This can occur through local enterprise partnerships (LEPs), on which the local authority sits, in partnership with local businesses. Thirty-nine of these have been created across England, with the aim of driving sustainable economic growth and creating conditions for private sector job growth.⁵³ Local training and learning providers can also engage with LEPs in order to ensure that they are preparing the local population for job opportunities.⁵³ Many areas also have skills and employment strategies which can provide opportunities for the local authority to shape adult learning, ensuring that local activity is effective and efficient. Finally, local authorities can benefit from working with Jobcentres and Skills Funding Agency (SFA) providers locally.

4.1: A life course approach to learning

Learning in adult life is often seen as a way of re-accessing employment or, for those already in work, gaining promotion. This is an undoubtedly essential function of adult learning, but it is not the only reason that people want to, or should, take part. By taking a life course approach to learning, we can see the ways in which the type and purpose of learning changes for those at different stages and in different positions. Learning up to the age of 18 is not discussed here, as it will soon be a legal requirement for all young people to be in some sort of education or training up to this age,⁵⁴ and other documents address the nature and design of under-18 education in order to maximise health and wellbeing (for example, see the evidence review from this series on building resilience in schools).

For those of a working age, employability and employment progression are important goals. Learning provision should be available for all those who are unemployed, or who are employed in

lower grade jobs that are damaging to their health and wellbeing. Often, this will focus on basic skills such as numeracy, literacy or IT proficiency. Employability skills are also popular. The Leitch Review of Skills found that higher basic skills had moved 185,000 people into work between 1994 and 2004.² Following the publication of this review, there has been an increased focus on learning that focusses on skill acquisition. The National Institute of Adult Continuing Education (NIACE) advocates for the establishment of a set of learning entitlements.⁴⁵ This would include a legal entitlement of free access to learning to acquire basic skills, and a financial entitlement to a minimum level of qualification needed to be able to play a full contributing part in society.

Key literature: Ofsted review of skills for employment³

The Office for Standards in Education, Children's Services and Skills (Ofsted) was asked by government to produce a report to assess the efficiency of learning providers in matching unemployed adults with training provision, the effectiveness of the provision in developing employability skills, and how well learners were supported into sustained employment. It visited 45 providers including local authority providers.

According to the partial data available from the providers sampled, the overall job outcome rates for participants who had left programmes between 1 August 2011 and April 2012 were low, at approximately 19%. Overall job outcomes ranged widely, from 1% of 416 leavers at one provider to 46% of 443 leavers at another. Progression to employment was higher at 27% on bespoke programmes linked with individual companies looking to recruit staff.

Other characteristics of particularly effective provision included:

- development of close working partnerships with Jobcentre Plus to increase referrals, especially to short vocational courses
- the capacity to respond quickly to requests for short provision from employers and other partners
- effective use of the qualifications credit framework to develop accredited vocational training, especially at Level 2, often in subject areas new to participants
- the development of short vocational courses, especially when linked to an employer's specific recruitment drive, which developed participants' basic vocational skills to good industry standards
- purposeful work experience that enabled participants to develop their skills in a real work environment and gave them an opportunity to show the employers their skills and potential
- collaborating with employers to design training in job search skills focussing on CV writing, interview skills and using websites to identify relevant job vacancies
- community-based outreach work to increase access to provision for those in greatest need, such as developing links with housing associations, probation trusts and other specialist agencies, creating high street drop-in venues and providing buses to transport participants from rural or other isolated areas

However, research shows that people are also motivated to take part in adult learning for ‘intrinsic goals’ such as regaining lost confidence.¹ Learning opportunities can also be an opportunity to build social relationships and reduce isolation. Learning in order to build skills or increase employability is often best delivered as an accredited, formal course, but for these non-career based types of learning, non-formal courses such as art classes and cookery skills have been shown to be beneficial.⁵⁵

Non-vocational learning becomes particularly important for those at older ages, who may have no further need for employment skills but benefit greatly from the increased health and wellbeing that is associated with interaction and learning (see section 2.1 above). For example, older people involved in learning activities in care settings have reported improvements in motor skills, mobility, attention, communication and memory skills, lower levels of depression, reduced use of medication, increased resilience, positive changes in behaviour, and increases in sociability.⁵⁵ NIACE guidance for improving learning for older people suggests that the local Older People’s Strategy should include references to the important role of learning for the older population,⁵⁵ including those in care settings and those living in their own homes, who may be harder to access.

Out of total public and private funding for education, 86% goes to under-25s, 11% goes to those aged between 25 and 49, 2.5% goes to those aged 50 to 74 and 0.5% goes to older adults aged 75 and above,⁴⁵ representing the relatively low status of learning in older ages. While early intervention is key, and funding should therefore be disproportionately weighted towards younger ages, it may be that a small amount of redistribution in current funding levels would be needed to maximise the benefits among the over-50 population. This would be particularly of benefit where targeted progressively towards areas of greater need – for example, to those who are socially isolated or in poor health.

Adult learning can also have an important effect on the next generation. As was outlined in section 2.2, those whose parents had a low level of education are less likely to be successful in education themselves. This is one element of what is called the ‘intergenerational transmission of disadvantage’ – where the experiences, opportunities and conditions in which one generation live tend to persist in the next generation, perpetuating disadvantage and inequalities. There is some evidence that teaching parents and children together can lead to positive outcomes for both groups, tackling the intergenerational transmission of educational outcomes and skills (see box below).

Key literature: family literacy

Family literacy programmes aim to address the intergenerational transmission of poor literacy standards by teaching parents and children together. A two-year evaluation project to assess the impact and effectiveness of family literacy programmes in England, which reported in 2010,⁵⁶ found that the courses had a positive impact on parental writing and reading, and a substantial effect on the reading and writing of children. Other benefits included:

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

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

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

4.2: Transitions into learning

Many of those most in need of learning opportunities will also have the greatest barriers to accessing learning provision. As can be seen in many of the interventions highlighted in this report, measures to help overcome these barriers can enable people to transition into learning. Unless these barriers are tackled, adult learning will tend to be accessed by those who are already more advantaged, wealthier, and with better health. If this happens, it may contribute to increasing health inequalities, as the benefits will be disproportionately felt by those who are least in need of them.

For many participants, financial assistance is necessary to enable them to access learning provision.³⁶ Case studies and evaluations have also shown the benefit of having crèches on site, in order to encourage parents to attend.

When learners access provision, it is important to conduct an accurate and detailed initial profile, in order to assess and record the prior knowledge, barriers to employment (if any), and skill level of the participant. This should then be used to refer learners to the best provision – some large mainstream courses may not be an appropriate fit, and could increase the likelihood of non-attendance.³

Intervention: prescribing education

Pilot schemes of GPs prescribing education as a treatment for patients have been evaluated showing that patients who engaged with the education as part of their treatment reported a range of benefits to their mental health and wellbeing.⁵⁷

Adult Education Gloucestershire (AdEd)⁵⁸ Adult Education in Gloucestershire (AdEd) works with community partners to offer learning to hard-to-reach clients (those with addiction issues, who are homeless, or leaving prison). Good partnership working and mutual trust enables projects to support learners in developing economic independence through tailored learning programmes. AdEd is a council programme, with funding from the skills funding agency.

AdEd works with many different agencies and organisations, and the tutors are practitioners within the teaching area. They don't expect their clients to show results (moving into work, or other results) for at least 18 months, as they recognise the multiple barriers they face. So they take a long-term view.

One of the programmes offered, 'art lift',⁵⁹ involved health professionals referring patients to a ten-week art programme delivered in a primary care setting. Patients are referred to reduce stress, anxiety or depression, improve self-esteem or confidence, increase social networks, alleviate symptoms of illness, or improve wellbeing.

Independent evaluation carried out by the University of Gloucestershire⁶⁰ found:

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

Barriers to learning are also more effectively tackled with the active involvement of referral agencies. For example, where local authority adult learning providers collaborate and work closely with local Jobcentres, they can more effectively reach and engage with those who are unemployed and may be hesitant to access learning.³ Other agencies can also operate as referrers – for example, in the intervention ‘Prescribing Education’, NHS staff have taken an active role (see box).

Some life transitions can prove to be particularly useful or necessary times at which to engage people in learning – for example, when children first start going to school, it is a good time to engage their parents. Access to learning should also be guaranteed for those leaving prison or institutional care.⁴⁵

Alongside removing barriers into learning, it is also necessary to support participants once their programme has finished. For some people, this may include helping them to move into employment or further training. For others, maintaining the social contact and connectedness they experienced during the learning course may be more important. Support can be maintained through mentoring systems, support for distance learning,¹ or providing information on further learning courses that may be beneficial to the participant.

Supporting these transitions, and evaluating the success of local programmes, is easier where data is gathered and people are tracked after leaving learning provision.³ The National Careers Service has an important role – both in supporting transitions into learning and employment, and in data gathering.

4.3: Design of programmes

Across the literature, there are certain features of programmes that have been reported to result in increased engagement or better results. These include:

- a combination of self-study and programme attendance, for literacy engagement and attainment¹⁷
- courses that support those who experience increased stress or anxiety as a result of re-engaging with learning
- levels of participation above 100 hours¹
- recognition of ‘soft’ outcomes, such as improvements in self-confidence, tends to lead to lower drop-out rates¹
- recognising and tackling deep-seated barriers to employment, rather than just teaching job search skills, for employability programmes³
- good levels of staff training and, where possible, qualified teacher status¹
- embedding literacy and numeracy learning into vocational programmes, for increased retention and success rates¹
- shorter programmes (less than four months), in the case of less formal training⁶¹

4.4: Working with employers

Employers have two roles in relation to adult learning. The first is for their own staff – what we have called ‘workplace learning’. Local authorities have an opportunity to coordinate with employers through local enterprise partnerships in order to ensure that, where possible, workplace learning and training is delivered in a proportionately universal way: that is, it is available to all staff but targeted progressively towards those with lower pay, lower status or job grade, or who are more vulnerable. In the Train to Gain programme, businesses were helped to provide training to their staff (see box).

Intervention: Train to Gain

Train to Gain was a national programme that provided advice to businesses on training, and sometimes subsidies from government. Training was primarily targeted at those over 25 who did not have GCSEs or equivalent, and ‘hard to reach’ employers. The programme also provided ‘brokers’ who advised employers of skills needs and training options.

An evaluation of the first three years of the programme⁶² showed:

- 1.25 million people had started training and 554,100 learners had gained a qualification

Employers reported:

- employees gaining useful job-related skills (three-quarters of employers)
- improved long-term competitiveness (two-thirds of employers)
- increased productivity (half of employers)

Learners reported:

- improved work skills, self-confidence and attitude
- one quarter had a pay increase, promotion or bonus as a direct result of their qualification

The unit cost per learner was approximately £970 and the unit cost of an employer engagement with a broker around £810. The official evaluation stated that, “over its full lifetime the programme has not provided good value for money. Unrealistically ambitious initial targets and ineffective implementation have reduced the efficiency of the programme”.⁶²

The Department for Business, Innovation and Skills (BIS) and the Learning and Skills Council disagreed with this assessment: they saw the programme as successful due to significant benefits to businesses and learners.⁶² However, in 2010 BIS discontinued.

Local authorities also have a role in enabling and encouraging employers to take an active role in local adult learning provision that is not specifically for their own employees (non-workplace learning), mostly in terms of vocational and formal learning. This can be of use at every stage of the process. When planning local courses that are aimed at increasing vocational skills or access to employment, providers should be working with local employers to understand what they need, and where there are gaps in the current workforce. Delivery is particularly effective where local employers are involved, and offer work placements or work trials.³ Ofsted found that the most successful programmes in getting people in to work were those who worked not only with Jobcentre Plus, but also Work Programme providers or employers and other workplaces.³ A

guaranteed work trial or interview, linked to a specific vacancy, is also beneficial and could ease the transition from learning into work.

Apprenticeships are an important way to increase adult learning and aid the transition back to work for those who are unemployed. As well as encouraging other employers to increase the number of apprenticeships they offer, and ensure that these are reaching those most in need, local authorities also have a role as employers and commissioners. This function can be used to increase learning and apprenticeship opportunities for local people, proportionate to need. More information is available in the evidence review in this series on reducing the proportion of young people who are not in employment, education or training (NEET). Work taster and work experience placements can also be set up and promoted by local authorities, as can be seen in the Halton Borough Council intervention (see box).

Intervention: Halton Borough Council⁶³

The Halton Employment Partnership in NW England works with a range of partners, designing their programmes with external employers, and recruiting and supporting learners in partnership with different departments within the council, and other partners (e.g. Jobcentre Plus, and referral contractors for the government's Work Programme). It provides a “one-stop shop complete employment offer to support both local employers and unemployed residents”.

Working with employers allows the service to design bespoke pre-employment programmes based on the recruitment and staffing needs of local employers, and to offer many jobs and work experience and work taster placements. The programmes also involve:

- computer skills and literacy and numeracy skills linked to specific vocational areas
- support in completing job applications
- focus on increasing confidence, and personal social and employability skills

It reports that “a high number of learners have gained sustainable employment and many more [...] join further training programmes.” Ofsted graded the service ‘outstanding’.

4.5: Community

Local authority-provided adult learning courses are usually delivered in the community, and should be based on a good understanding of the local needs, priorities, and resources.³⁶ Research shows that community-based programmes that are highly targeted, and include partnerships, can reach individuals and groups not normally attracted to more traditional learning programmes.⁶⁴ The voluntary and community sector has an important contribution to make, particularly in shaping the services to be commissioned, and accessing and engaging local communities and volunteers.⁵⁵ Establishing a formal role for those who know the local community can work well – as can be seen in the case of community learning champions (see box).

Intervention: community learning champions⁶⁵

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

CLCs lone parents project⁶⁶

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

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

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

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

Local learning providers can also add value by taking advantage of local community assets and resources in order to supplement learning. For example, local universities or colleges can be a source of trained staff, expertise, and resources such as rooms. The intervention Worcestershire County Council library service gives an example of using a library as a valuable resource for adult learning. Encouraging cultural organisations such as theatres or art galleries to contribute to learning programmes can add excitement to the programme, and increase audiences for local venues.⁵⁵

Links with employers and health services are also essential in order to increase referral, improve the quality of provision, and ease transitions into and out of learning, as is discussed in section 4.2 above.

Intervention: Worcestershire County Council library service⁶⁷

In Worcestershire, the local adult learning provision was merged with the library service in order to provide accessible learning opportunities in both formal and non-formal adult education.

The programme involved delivering adult learning in the library buildings, training library staff to recognise and engage potential learners who visit the library. The project is described as follows:

“Library staff have been trained to identify visitors to libraries who may have learning support needs and then either guide them to appropriate funded provision or to arrange individual coaching and support, until they reach the level of confidence they need to progress to more formal learning... In one library, staff noticed that a mother who had brought a young child into the library was pressing him to engage with the library staff but would not do so herself. By helping the child and bringing the mother gently into the interaction they were able to get her to admit that she had difficulty with reading and slowly over time and a number of visits to gain sufficient confidence to join a literacy course.”⁶⁷

Ofsted inspectors noted that, “The merger of the former adult education service with the library service in 2008 and the resultant coordinated service has considerable operational advantages for both parts, encouraging more residents to visit libraries, providing accessible teaching venues in the libraries and readily available face-to-face advice and guidance to existing and prospective learners.”⁶⁷

5. Areas for further research

Many interventions do not give a control group for comparison, or provide deadweight figures (that is, they do not report on how many would have moved into work or achieved another positive outcome despite the learning programme). More research is needed that provides good evidence of the relative value for money or cost-effectiveness of different types of approaches. There is also a lack of evidence about who is best placed to deliver programmes, and what types of programmes benefit different sections of the population.

More research is also needed on the long-term outcomes of participation in adult learning interventions. This is necessary in order to fully understand the impact of different types of learning on health and well-being outcomes, and other positive outcomes. For example, it took five to six years in the Longitudinal Study of Adult Learning before engagement in positive learning practices (for example, reading books) had an effect on proficiency.¹⁷

Finally, further research is needed on the particular ways in which learning can increase resilience, mental wellbeing, social support, and other positive outcomes. The focus tends to be on employment outcomes, but other results can also improve people's lives, health and wellbeing.

Conclusion

Adult learning can have a positive impact on the health and wellbeing of individuals, and, by extension, their families and the wider community. This occurs because learning experiences have a positive impact on social capital and connectedness, decrease unhealthy behaviours, increase skills, and have a positive effect on employment outcomes. There is also some evidence that adult learning has a direct effect on mental health.

However, there is a gradient in participation in adult learning, whereby those who would benefit from it most, because they are in more disadvantaged social groups, are least likely to participate. This is, in part, due to barriers to participation in adult learning, including cost. If the gradient in participation were tackled, adult learning would have the potential to tackle health inequalities by 'levelling up' the gradient and increasing skills and qualifications among the most disadvantaged groups.

There are some promising examples of local interventions, and taken together with wider research literature, five principles for implementing adult learning interventions have been identified. Firstly, it is necessary to take a life course approach, where learning is tailored to who is taking part and their needs and experiences. Secondly, taking action at the time of transitions into and out of learning can help to tackle barriers to participation and help to increase movement from training into work or further education. Thirdly, the design of programmes is important, for example, recognition of 'soft' outcomes, such as improvements in self-confidence, and shorter programmes in the case of less formal training, can both lower drop-out rates. Fourthly, working with employers is likely to add value to local adult learning. Finally, community engagement and understanding, and using community assets, can help to ensure that adult learning has a positive impact for all those in the local area. Local authorities have a key role in acting on these issues, and by doing so, can help to improve health across their local population and potentially reduce health inequalities.

Appendix: qualification levels in education

These are taken from the Ofqual website⁶⁸

Level 1 – GCSEs graded D–G, NVQs and key skills at Level 1, foundation diploma

Level 2 – 5 GCSEs graded A*–C, NVQs at Level 2, etc

Level 3 – AS/A levels, International Baccalaureate, BTECs

Level 4 – Certificates of higher education, NVQs at Level 4

Level 5 – Higher National Diplomas, other higher diplomas, foundation degrees

Level 6 – Bachelor degrees

Level 7 – Masters degrees, postgraduate certificates and diplomas

Level 8 – Doctorates

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