

# Getting to Level 2

## Briefing Sheet

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Part of a series of NIACE briefing sheets on mental health

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## Getting to Level 2

### A report on the strategies used to enable learners on Prescriptions for Learning projects to achieve level 2 or equivalent accreditation.

*“And when she said I could get a qualification, I was too scared to say anything but inside I thought ‘I’d like one of those’, because you see I’ve never been able to get anything like that before.”* Carole

*“All of a sudden it is there... ’cos you are so down, all of a sudden you are given this opportunity – it’s there. It was like being given a gift... a special present.”* David

*“Yeah, it’s been an experience for me. It’s been a roller-coaster ride – it’s great! Enjoyed every minute of it and I’d like to say thank you.”* Shane

These quotes are from learners on Prescriptions for Learning type projects and illustrate the profound effect that participation in the projects has on many learners.

Research has shown that few, if any, of the individuals who participate in Prescriptions for Learning type projects experience any negative or detrimental effects from their participation. Most experience beneficial effects to health, well-being, confidence and self-esteem as well as acquiring qualifications, pleasure and interest from learning and improved employment prospects. For some participants, the impact is life changing.

This report focuses on learners who, apart from all the other benefits accrued from participating in learning, have all achieved (or are well on their way to achieving) accreditation at level 2 or higher.<sup>1</sup> All of these learners had no, or very few, qualifications at the time when they participated in Prescriptions for Learning and returned to learning. This report looks at the experience of those learners and identifies any common factors in their experiences and any common strategies that supported their success.

As part of the report, learning advisers were questioned on what they felt to be the skills and attitudes required to support participation in learning for people referred to their projects. Although the report was intended to give a stronger emphasis on the learner, it was felt that talking to learning advisers would also provide some context and background to the experience that learners go through.

This report will be useful for:

- practitioners of already established Prescriptions for Learning type projects who may wish to reflect upon their own practice.
- managers or practitioners of newly developed projects who may be considering levels of support and strategies to put in place in their work with project participants.

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<sup>1</sup> In a learning context, levels are used to define specific levels of achievement that are used for educational benchmarking and national targets. They are generally linked to specific qualifications, for example:

- Level 1 is defined as below GCSE level or the equivalent of a D-G grade GCSE
- Level 2 is defined as 5 GCSEs at grade A\*-C and NVQ2 or a GNVQ
- Level 3 is defined as 2 good A-levels or their vocational equivalent
- Level 4 is a degree or equivalent

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- policy makers and managers who may be considering the effectiveness and cost implications of projects such as Prescriptions for Learning.
  - practitioners and managers in further, adult and community education who may wish to reflect on the work that they do to widen participation and raise achievement in learning.

## Background

Prescriptions for Learning is a simple idea based on the knowledge that people with no, or low level, qualifications are more likely to experience poor health and well-being, but are also less likely to participate in learning as adults. Participation in learning has been shown to have both immediate and longer-term health benefits. The idea is to base a learning adviser in a GP's surgery to work with people experiencing poor health and well-being and who are currently not participating in learning. The GP, or any other healthcare professional, refers individuals to the learning adviser, or the individual may refer themselves to the learning adviser. The learning adviser works with the individual to discuss whether they want to access learning, what learning they want to do and what support they might need to enable them to access learning and be successful in it.

NIACE first piloted the Prescriptions for Learning project in Nottingham in September 2000 in partnership with Nottingham Health Action Zone, East Midlands Development Agency and the Greater Nottingham Lifelong Learning Partnership.

The project attracted a great deal of media attention and on hearing about the project many other organisations set up similar projects. These were led by a variety of organisations such as Primary Care Trusts, Local Education Authorities, FE Colleges, Information, Advice and Guidance Partnerships and voluntary and community sector organisations. A variety of funding streams were used to establish projects, and some projects developed slightly different approaches to the work. However, the fundamental principle behind the projects remained the same – to widen participation in learning by engaging with users of Primary Care services who otherwise would not have participated in learning, and in so doing hope to have a positive impact on the health and well-being of those individuals.

In September 2002, the Department for Education and Skills funded NIACE to facilitate a consortium of Prescriptions for Learning projects. Members of the consortium met regularly to discuss various aspects of setting up and running projects, to share positive practice and to discuss the challenges confronting managers and practitioners who were trying to set up and develop projects within their own locality. All of the learning and evidence that came out of these meetings was written up into a good practice guide on promoting health and well-being through participation in adult learning entitled *Winning Hearts and Minds*.<sup>2</sup>

Further funding from the Department for Education and Skills in 2004 has enabled NIACE to undertake further research. During this phase of the work we have been able to work more closely with learners for whom participation in the project has helped them to achieve at least a level 2 or equivalent qualification. Through providing ongoing support, learning advisers are not only contributing to the widening participation agenda, but are also supporting achievement in learning. Learners who participate in Prescriptions for Learning projects are often marginalised from learning opportunities by virtue of ill health, disability and/or a low sense of well-being. It is important that we understand what support strategies we need to put in place, not only to support people into learning, but also to support them to succeed as far as possible.

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<sup>2</sup> James, K. (2004) *Winning Hearts and Minds: How to promote health and well-being through participation in adult learning*. NIACE

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## Why Level 2?

Undoubtedly learners should be able to set their own goals and satisfy their own ambitions when they access learning, whether that is the achievement of qualifications, to pursue an interest in a particular subject, to improve employment prospects, to gain new skills or to fill time productively or to make new social contacts. Prescriptions for Learning projects recognise this and learning advisers work closely with individuals to enable them to identify their own personal aims and to support them to be able to achieve those ambitions, whatever they may be. However the achievement of qualifications, and in particular level 2-type qualifications, is important and has significance for the health and well-being of individuals and the socio-economic condition of society as a whole.

Participation surveys show that those adults with below level 2 qualifications are less likely to access, or be offered, education and training as adults.<sup>3</sup> If we don't challenge this inequality of access and participation then resources will continue to go to those who have already had the most education and who will continue to get more. Making learning a realistic option and an attractive prospect for those who traditionally do not participate is a key driver for adult education providers.

In July 2003, Government launched the White Paper *21<sup>st</sup> Century Skills: realising our potential*.<sup>4</sup> The skills strategy sets out a plan to

*'...ensure that employers have the right skills to support the success of their businesses, and that individuals have the skills they need to be employable and personally fulfilled.'*

The strategy seeks to ensure that resources are secured and that structures are in place to support those adults without level 2-type qualifications in order to improve their levels of achievement. The strategy has the potential to open up learning to adults who have had least benefit from education and training.

Qualifications gained at level 2 or equivalent also provide a benchmark by which people begin to accrue other, wider benefits. Research into the impact of learning on health shows that success in education tends to lead to socio-economic benefits and a higher standard of living that correlates to a longer and healthier life.<sup>5</sup> Enabling people to achieve a level of accreditation that leads to higher paid and more secure employment has health benefits for the individual.<sup>6</sup>

Many of the learners referred to Prescriptions for Learning were in receipt of Incapacity Benefit. There are now more people claiming Incapacity Benefit than people claiming Job Seekers Allowance.<sup>7</sup> If we are to meet the requirements for a skilled workforce in order to remain economically competitive as a country then those on Incapacity Benefit have to be supported to get back to the labour market – as many wish to do. Participation in learning builds confidence and skills that support people to return to work. Success in learning also raises individuals' employment aspirations and offers people the chance to change career direction when they are no longer able to carry out the job they had once done.

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<sup>3</sup> Aldridge, F. and Tuckett, A. (2002) *Two steps forward, one step back: The NIACE survey on adult participation in learning 2002*. NIACE

<sup>4</sup> Department for Education and Skills (2004) *21<sup>st</sup> Century Skills – Realising Our Potential*,. DfES.

<sup>5</sup> Royal College of General Practitioners (1998) *Independent Inquiry into Inequalities in Health Report* (The Acheson Report), Royal College of General Practitioners.

<sup>6</sup> *ibid*

<sup>7</sup> Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion*. Report from the Social Exclusion Unit. ODPM.

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Promoting learning and skills and ensuring that adults who have benefited least from education are enabled to achieve supports social, economic and health benefits for those individuals.

## Methodology

All of the learners were interviewed on a one-to-one basis and asked about their backgrounds and experiences and what had happened to them since their involvement with the projects. After this general discussion learners were given a list of strategies that may have been used to support them into learning (see Appendix 1). Learners were asked to identify which of the strategies they felt had been most effective in supporting them to access learning. The strategies could be divided into different types of support. Firstly there was practical support that enables people to address some of the structural barriers to learning. Practical support included providing information and advice, help with childcare and fees, being seen in a healthcare setting. The other type of support was emotional support that helps learners to address some of the attitudinal or psychological barriers to learning, such as encouragement, friendliness of tutors and being listened to. The questionnaire also included a category that included learners' own motivation and enthusiasm as being a factor which enabled them to access learning. Learners were able to select as many categories of support as they wished. Then they were asked to identify one or two strategies that had been the most effective of all and explain why they had been the most helpful and supportive mechanisms. Learners were also asked to identify any strategies missing from the list that had been helpful to them.

Learning advisers were also interviewed on a one-to-one basis about their backgrounds and what they felt to be the skills and qualities required to be an effective learning adviser.

## Learner stories

These learners' stories highlight the diversity of experience, background, interests and aspirations of individuals referred to Prescriptions for Learning projects.

Caroline is 21 years old. She left school aged 15 when she had her first child. She now has two children and was referred to the Prescriptions for Learning Learning Adviser by her Health Visitor. She is currently doing an NVQ 2 in Early Years and a GCSE in Child Development. She has a voluntary work placement and has just applied for her first paid job in a nursery

Carole is 41 years old. Her initial education was seriously disrupted due to health problems. She left school without qualifications and went to work in a factory but after 15 months she had to leave due to continuing health problems. She has not worked since though she has undertaken some periods of employment training. She is the main carer for her elderly mother. She has successfully completed several computing courses, including CLAIT level 2 and is beginning to think about her life when her mother is no longer around.

Adrian is 34 years old. He has had a number of jobs including his own business mending domestic appliances which he taught himself to do. After the collapse of his business Adrian became depressed and, as well as being on high levels of anti-depressants, was a heavy user of recreational drugs and alcohol. He also became very reclusive. His psychologist referred him to Prescriptions for Learning and he is now doing a Foundation-level course in Art and Design and has sold several of his paintings. His tutors think he has the potential to do a Fine Art degree.

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Paula is 40 years old and the mother of two children. Paula was bullied at school and left without qualifications. As well as looking after her children and home she works part-time as a barmaid. The Practice Nurse at the local surgery referred Paula to the project as she had become depressed. She has also been referred to her local healthy living centre for exercise classes to assist with weight control. Paula has now successfully completed several computing courses, such as ECDL, though as yet is unsure where this will lead her.

Tanya is 23 years old and has experienced mental health difficulties. Tanya didn't finish her initial schooling as she was *"..too ill to care, more interested in dying"*. Referred to Prescriptions for Learning by her doctor, Tanya has since done a 'Make Your Experience Count' course. She is now doing a Women and Health course and wants to be a support worker.

David is 32 years old and has eight children. He left school without qualifications and worked all his life until he sustained a shoulder injury that left him unable to do his last job as a refuse collector. Constant pain and social isolation were having a detrimental effect and increasingly jeopardising his sense of well-being. With support from Prescriptions for Learning, David has successfully completed several computing courses, including ECDL, a First Aid Certificate and a Certificate in Counselling. He is currently doing an Open University course in Understanding Health and Social Care. He wants to be a counsellor.

Luke is 24 years old. Since leaving school he has had a series of factory jobs which have been unfulfilling. He became depressed and was referred to Prescriptions for Learning by his counsellor who thought that taking practical action rather than a 'talking treatment' would be more beneficial. He is currently working in a warehouse but is continuing with his Level 2 in English and Maths. He has already been asked to contribute articles on his local football team for a fanzine and would like to get into journalism.

Tracy is 36 years old. As a consequence of a very difficult relationship, redundancy and the loss of a child, Tracy became very depressed. She lost all confidence and got *'so used to failing'*. She was referred to Prescriptions for Learning and initially started on an Art for Beginners course. She progressed onto and passed a Numeracy level 2 course, a computing course and an NVQ level 2 in Accounting. She found employment as a Junior Accounts Clerk in a bank and is currently doing an Intermediate level course in Accounting.

Christopher is 59 years old. When he was 14 he developed a very severe and unusual form of obsessive compulsive disorder which left him virtually paralysed and unable to communicate. Christopher has never been able to work and only in the last five years has he been able to leave his home independently and walk down the street in his local town. With the support from the Prescriptions for Learning adviser he started on a Life Skills course but has now progressed onto A-levels. Christopher loves learning and feels that it enhances the quality of his life beyond measure. He is unsure of where it will lead, but he feels he has to make up for his lost teenage years.

Karla is 18 years old. She left school without qualifications having had a *'bit of an attitude'* in school. She didn't think she *'would ever do anything and wasn't really bothered'*. Panic attacks and other mental health difficulties have made it difficult for her to access learning but she is currently doing an NVQ 2 in Early Years by distance learning. She wants to have her own nursery eventually and says *'I'll pass with flying colours! I'll get there!'*

Shane is 29 years old. Difficulties at home and at school meant that he *'just went off the rails for a few years. I was a bit of a wreck-head, just going clubbing all the time, and taking this and that, like you do!'* Shane completed a maths and literacy course before beginning a course on music production. He has just completed an HNC in Music Technology and was presented with an award – Student of the Year – by his tutors at university.

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Peter is 53 years old. He worked as a motor mechanic for 30 years until the degeneration in his elbow and shoulder joints as a result of an injury meant that he could no longer work in the trade. Initially *'lost and at a loose end'*, he decided to teach motor mechanics instead. He was unsure where to go for information and so referred himself to Prescriptions for Learning after seeing an advert in his local surgery. He has successfully completed computing courses, including ECDL, and is currently doing a teacher training course having just secured his first part-time teaching job in a college of FE.

Natalie is 19 years old and has two children. She became pregnant for the first time while still at school and felt that everybody thought *'...that I left school at fourteen then that'd be it. I'd be on the dole for the rest of my life and I'd never get a job. And when I said that I would go to college people didn't believe me. It was just to prove to them that I did mean what I said and that I can do it.'* Natalie was referred to Prescriptions for Learning by her health visitor, and she is currently working on Level 2 Maths and English but intends to go onto a health and social care course and wants her *'boys to be proud of their mum'*.

Although there is great diversity in the life experience of all the project participants there are two common factors that seem to impact on their sense of well-being. The first of these factors is health status, that is, whether the person experiences a physical or mental health difficulty. David and Peter experienced physical injuries. Christopher experienced a severe mental health difficulty and Carole experienced on-going, at times life-threatening, physical health difficulties. The other factor affecting well-being is to do with life chances. Natalie and Caroline, for example, enjoy good health, but their situation as young mothers can increase the likelihood of a low sense of well-being. Luke is in work but has had several *'...crappy jobs and my last one I had to leave because I couldn't stand the people.'* However these common factors interact and impact on each other. David, for example, explains that when he was forced to give up work because of his shoulder injury he *'got very down, very lonely which is quite strange 'cause I've got a house full of children and a lovely wife...I felt worthless... it knocked me for six, 'cause I had no social life, no contact with anybody outside the home, nothing. Made me feel worthless'*. Tracy relates how a difficult relationship, bereavement and redundancy resulted in loss of confidence and depression so that she would stay in bed all day and refuse to answer the door or telephone, *'I had no expectations of myself, days would just go by.'*

Health problems often precede social isolation and unfulfilling life situations. When people develop long-term and chronic health conditions it can lead to unemployment and loss of income, which in turn can lead to reduced social networks and opportunities. Equally social isolation and lack of fulfilment also precedes poor health and a low sense of well-being.

Evaluation and research of other Prescriptions for Learning projects has shown that returning to learning often enables people to break that cycle. By participating in learning, people increased their social contacts and acquired fulfilling ways to spend their time and therefore increased their sense of health and well-being. Learning can be interesting and fun and it can also induce a sense of achievement and purpose. When it ties in with personal goals and ambitions learners often report having a sense of direction and meaning in their lives – a sense of optimism and hope for the future. Returning to learning may not necessarily 'cure' diagnosed health problems but it makes it easier for people to cope and live with health issues. As David said,

***"In myself I feel absolutely fantastic and like my sleeping and things like that and I'm no longer down. I have a lot of pain with my shoulder which I'm gonna have the rest of my life but I'm quite happy. There's a future now."***

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## The findings

In talking at length to the learners, and by asking them to identify the strategies they believed helped them to achieve, common features emerged. Throughout all the interviews a recurring theme was that, despite the need for practical help and information, what really mattered was the emotional interaction between the learners, the learning advisers and with others around them like family, friends and other tutors. For learners having someone who believed in them, encouraged them, was enthusiastic and cared whether they turned up and did well was what made the difference. Equally, as we shall see in some cases, lack of care and support (not from the learning advisers) was also the most distressing and upsetting to learners. It therefore seems that it is the 'human' aspect of the learning experience that counts, for better or for worse.

For many of the learners the experiences they had been through and the experience of ill-health had knocked their self-belief and sense of self-worth. Paula had initially insisted on paying for a course that she was entitled to do for free, but her sense of self-esteem was so low that she felt guilty about not paying. Tanya talked of a *"complete loss of self-esteem"*. Tracy talked of believing that nothing she did would be right or turn out well. Having established an emotional rapport with the learning adviser, learners reported that they often took the first step back into learning because the learning adviser believed they could do it rather than because they believed they could. Loss of self-belief did not affect all the learners who were interviewed. Although the reasons why some people had lost their sense of worth and belief was not explored in depth in the interview, there did seem to be a link between the length of time that someone had been out of work or out of education and the nature of their health need. For some those experiences had had more impact and had led to greater levels of emotional distress. Other learners still had a spark of self-belief and adult learning enabled them to build on that. Natalie talked of feeling written off when she became a teenage mother but coming back into learning enabled her to prove people wrong. Peter felt he couldn't let 37 years' experience in the motor trade go to waste and adult learning gave him an opportunity to pass on his skills and knowledge to others.

This is important because it appears that when it comes to accessing learning there is an emotional or psychological dimension that needs to be acknowledged and dealt with. In talking to the practitioners it seems that the skill of being an effective learning adviser lies in judging where an individual is psychologically in terms of their learning, and being able to work with that in an appropriate manner.

Learners were asked to select from a list the kinds of support that had enabled them to access and succeed in their learning.

### ***1. Having somebody there to keep encouraging me and who I could go to if I needed help.***

This was chosen by 11 out of the 13 learners as being a helpful and supportive strategy that enabled them to access learning. For eight out of those 11 learners it was selected as one of the most supportive strategies.

Almost all the learners, when questioned about this support strategy, remarked that it was the enthusiasm of the learning advisers that meant a lot to them. Peter reported that the learning advisers seemed *"genuinely pleased and enthusiastic"* when he started his course. Paula noted *"having somebody there if I need any help... I phoned them once or twice, brilliant"*. Karla said *"sort-of encouraged me... someone acting like your friend"*. For other learners like Tracy, this 'friendly face and hand holder' role was crucial, as she explained,

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*“I was supposed to go to the college to see the guidance person but I couldn’t, I went two or three times and just sat in the car crying. So [learning adviser] went with me, and we found out about the right course, then [learning adviser] came with me to the first class because I was scared, and she stayed for the first half hour, then the second week she met me there, we had a cup of tea and then she left and the third week I went by myself.”*

Tanya related how the learning adviser “believes in me, she’s always there, she keeps me going and she boosts my confidence” and how the learning adviser had “seen me through my ups and downs”.

For some learners this encouragement and enthusiasm was catching, as Shane explained,

*“...’cos she gave me enthusiasm. It was like I just met this lady, that’s what it was like at the time you know, I just met some random lady actually taking an interest in what I wanna do. You could see her going out there and saying ‘I’ve got this lad...’, so soon as she phoned me and said ‘I’ve got the ball rolling, I’ve got some money for that course’, I just knew straight away. It was like ‘right that’s it, bring it on!’ Definitely, yeah, it kind of rubbed off on me.”*

For others it was the belief that the learning advisers had in them, rather than their own self-belief, that actually gave them the impetus to go through the door when they started learning for the first time. David explained his situation.

*“within a couple of hours of seeing her [learning adviser] she’d fixed me up – I stood at the doors of the college and thought ‘Shall I go in?’ but in the back of my mind I was also thinking ‘well yeah I’m not going to let [learning adviser] down’. I was shaking, I didn’t think I could do it, but I had to, she believed in me and I couldn’t let her down.”*

Tracy talked of similar feelings, “it’s been like a journey of believing in yourself, but it started by knowing that other people believed in me.”

For some learners, the enthusiasm and encouragement of the learning advisers was exemplified by a ‘friendly face’; phone calls; someone accompanying people into classes; and by acknowledging successes no matter how small. However some learners also talked of feeling that the support was deeper, unconditional and totally genuine.

When asked about the encouragement David said,

*“when I first met [learning adviser] and we talked about what I felt like and what I wanted, I cried. I mean I’m a big man but I just wept. But it didn’t matter. If that was how I felt and that was where I was coming from then that was where we started, because it felt like it was about me, and what I wanted. It was totally non-judgemental”*

He also felt it was

*“Absolutely unconditional... it’s a rare thing to find to start off with. I mean even among your friends it’s a rare thing. But when it’s a person you don’t*

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*know and who doesn't know you, it just adds something special... I can't put my finger on it, I can't explain what it is but for me that was the most important thing."*

Paula also explained,

*"The support has been unbelievable. She's cared from the start, she's not one of those that have been enthusiastic and when you've started it she's dropped you, do you know what I mean? She's been there all the way through."*

## **2. Being supported through learning opportunities that met my aspirations and goals**

This was chosen by nine of the 13 learners as being an effective strategy in supporting them to access learning. Being able to identify and access learning that motivated and interested learners was very important.

Karla talked of her relief at being able to choose what she wanted to learn, *"being able to do what you want to do rather than being told what to do just because you can't do it or because you haven't done it at all."*

Also having time to reflect on what it is you wanted out of life was important, as Karla also explained,

*"I kind of didn't know what I wanted to do but I've also always known what I wanted to do. It helped to talk it through and have time to think about it, just to make sense of what I was thinking."*

Having time and support to find out what it is they really wanted to do was important for learners and helped them to find the motivation to access learning but ongoing support helped them to maintain motivation. Some learners recognised that without the ongoing support offered by the learning advisers they would not have remained in learning.

Adrian explained,

*"I did find it hard and I did miss a lot of the first 12 months. [Learning adviser] was very good, she'd be on the phone leaving messages... if I missed a day on Thursday she would phone on Friday asking if anything was wrong, is there anything we can do to help, a half-hour chat when I was in college, that sort of thing was what kept me going, especially through the first six months because I hadn't learnt too much by then and I was turning out mediocre work... and I was trying to come off recreational drugs. I was on anti-depressants and that was difficult and I think one of the reasons I couldn't cope... anti-depressants as much as they stop you feeling suicidal and self-destructive, they also stop you from having any ambition or feeling any sort of happiness and you just become a zombie... so I needed that constant support. Definitely, and when I came off anti-depressants things got better and I could cope much better on my own."*

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Tracy also recognised her need for ongoing support,

*“I wouldn’t have gone on if the support hadn’t been ongoing, I wouldn’t have done another course. I felt good at having done one course but it wasn’t enough. I still thought everything would go wrong, it was really hard to believe that things could go right, doing one course wasn’t enough to convince me I could do things. It was like I needed repeat prescriptions!”*

### **3. Knowing that other people want me to succeed**

This was chosen by six out of the 13 learners as being an effective strategy and was highlighted by three of them as being one of the most important. This support was closely related to knowing that somebody was there to offer encouragement and that somebody was there to turn to if help was needed, but learners also saw this as being somehow different. Learners recognised that learning advisers would be there when they reached their goals or milestones and that learning advisers would congratulate and celebrate with them. Tanya said *“She cares that I am doing well”* and Tracy stated that *“they really want me to succeed. They really seem to genuinely want it for me”*. In marking and acknowledging these achievements one Prescriptions for Learning project organised a celebration event. When Shane graduated he invited his learning adviser to the ceremony and when he was presented with his Student of the Year award, the learning adviser was there to take photos and cheer.

### **4. Support of families and friends**

This was also highlighted by six out of the 13 learners and specifically picked out by one learner as being the determining factor in his success. Family and friends often offered practical help. Paula explained how her daughter often took over the care of her young son while she attended her course. Shane reported that his grandmother had bought him a computer so he could work at home when she realised he was serious about his studies. Peter explained how his wife had gone back to work full-time so he could study.

Family and friends also gave encouragement. Caroline valued the support of her boyfriend and friends, and for Luke it was his parents who encouraged him because *“they can see that it is doing me good, and they want the best for me”*.

### **5. The friendliness of tutors**

Once learners were supported to access learning, it also mattered how welcoming and friendly other people, particularly tutors, were. Learners valued the approachability and patience of tutors and how this enabled them to relax and enjoy their learning. The belief that tutors had in them was also important, especially when it came to progressing onto further opportunities. Shane, Adrian and David all recounted how their tutors had enabled them to set their sights higher because they had advised them on what they thought their potential was and how far they could go academically. However, although this was important, many of the learners had started on short courses and progressed on to further courses. So while the encouragement of tutors was important it was the learning advisers that provided the encouragement throughout. If each course marked a further step in the growth of self-belief then the link between each of those stepping-stones was the support of the learning adviser.

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## 6. Own determination

While all of the learners talked effusively of the support given to them by the learning advisers it was heartening to hear many of the learners also recognising their own determination as being important. They did not see themselves as purely passive players but knew that they had also invested emotionally in this process. At the start when they didn't believe in themselves they knew that they had taken risks and now that they had developed greater self-belief they were as enthusiastic and determined as the learning advisers. Some learners talked of taking these risks for the learning adviser as if the idea of reciprocity was important. Learners also talked of how determination had grown and developed. Luke talked about how he had previously allowed other people to do things for him, even things like going to the shops, but now says that *"I want to change, yeah, I have higher expectations of myself."*

## 7. Being given information and advice on the right course for me

For five learners having information and advice on the right course for them was important. Learners valued being told about courses that were local, where they felt they fitted in and that the level of study suited them. Carole particularly valued this because her extreme travel sickness limited her options, she needed to feel comfortable in her surroundings because of her physical health needs and to know that her elderly mother was being well-looked after while she was attending her courses. Tanya explained how she had worried more about the social aspects of participating in learning rather than the studying, and that by being able to talk about, felt that she had been advised about the right options for her.

## 8. Time given to talk through all the options

This was also identified by five learners as being an important support strategy that enabled them to access learning. Tracy mentioned that it had been important to her that she was able to talk through all the options *"until she felt comfortable with the decisions she was making"* and that she *"didn't feel rushed to choose things"*. For David the time given through the ongoing support allowed him to adjust to and understand all the changes he felt he was going through. He explained that every three months or so he felt the need for a half-hour chat *"to take stock"* because so much had happened so quickly. He added *"... 'cause you do change so much through the process. I know I have. Inside I've changed a lot. And I feel differently and I look at things differently."* He talked more of how these changes in him were causing him to reflect on decisions and actions he had taken, or not taken, in his earlier life. He talked with regret of opportunities that he had missed, he added, *"You have to learn to forgive yourself and know there may be things in your past you can't change. It can be painful, but you have to come to terms with that and move on."*

## 9. Support offered at the right time in my life

For many adults the impetus to return to learning coincides with a period of change and transition. For some of the learners interviewed change, or impending change, preceded their return to learning. Carole realised that as a carer for her elderly mother she needed to *"find things to do for when my mother is no longer around"*. Peter sought out learning when he was forced to give up work in order to have *"something to aim for"* and a *"light at the end of the tunnel"*. For other learners however, being supported to access learning preceded and brought about the changes in their lives. Some learners talked of being referred to the projects because others, such as their GP or a counsellor, said they needed to do

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something. Learners like Tracy and Adrian had been prescribed high doses of anti-depressants and while this had helped it was felt that they needed to do something practical and active in order to get well. Others had been offered counselling and, while this had helped, they were also advised to make practical changes to their lives and referral to the project was an option to support this. The support offered at that time had enabled some learners to make those changes.

Other sources of support such as sorting out fees, childcare arrangements, not having to wait long for an appropriate opportunity to be available or being seen in the surgery were important, but as you can see from Appendix 2, less so. The important and crucial support for these learners was the encouragement, enthusiasm and the unconditional, ongoing support. This was the support that enabled them to overcome the psychological or internal barriers associated with participation in learning.

## Wider benefits to participating in learning

The remit of this research was to identify the support needed to enable learners to go from no qualifications to level 2 type qualifications or above. However it was evident throughout the interviews that the learners were achieving in many other ways and acquiring many other benefits from their participation in learning. This is important because many learners participating in Prescriptions for Learning type projects do not achieve accreditation at level 2 or equivalent. Many do not wish, or seek, to achieve in that way. Nevertheless they do achieve in other ways and acquire many other benefits from participating in learning. Through talking to the learners participating this research has highlighted some of those wider benefits.

### 1. *Discovered, or re-discovered, a love of learning*

For some of the learners, participation in Prescriptions for Learning projects had led to them discovering a passion for learning. Christopher talked of the enjoyment he derives from his A-level psychology course and of *“gobbling up learning, I just love it, it’s fascinating”*. Shane explained how for years he had felt put down and criticised, but an interest in hip-hop and scratching led to him doing an HNC in music technology and he described his enthusiasm for it, *“I just love it and I have learnt so much, and there’s no limit to what you can learn and that’s the pure thing about it. I’m going in my own direction.”* While for others, participation in learning through the project has enabled them to re-discover an interest they had had when younger but had lost. Adrian described how a teacher at school had singled him out in an art class and praised him in front of the whole class. Adrian had been embarrassed and unable to deal with it and had given up on art from that moment. Through the project he had joined an art class at college and was now doing a Foundation course in art and establishing himself as a successful artist but also using his art to express feelings that he had kept bottled up for years.

### 2. *Encouraging others to learn*

Their interest and enthusiasm for learning, and the sense of achievement, has created some very positive advocates for adult learning. Luke told of how his mother and aunt had since taken up learning. David’s wife was now studying and Shane explained *“I tell everyone about it! I say if you’re ever, you know, down, then I know some people who can help you. Maybe it’s not right for some people, but you’re giving people that chance to try something constructive with their lives.”*

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### 3. Health benefits

Undoubtedly for most of the learners there were health benefits. For some like Adrian and Tracy these benefits were significant and participation in learning had been a crucial part of their recovery. Adrian told how his family had not expected him to reach his 40th birthday, but that now he had reduced his level of anti-depressants which he hoped to stop taking completely soon and that he was living a much healthier lifestyle. Paula is also on a recovery journey and participation in learning is an important factor in that journey. For some of the other learners participation in learning has probably played an important preventative role. David had felt “worthless” and now despite still experiencing pain that cannot be treated feels “happy with life”. Peter had felt “lost and at a loose end” but learning has given him “a goal and something to aim for”. One can only speculate on the health benefits that might be experienced by young mothers like Gemma and Caroline through their participation in learning. For other learners, like Carole and Christopher, learning has added to their quality of life. Christopher feels less reliant on his mental health worker, while Carole was felt more assertive in negotiating with Social Services for the support she and her mother needed.

### 4. Access to health services

Research has shown that education impacts on people’s ability to access appropriate health and health related services.<sup>8</sup> The ‘inverse care law’ shows that areas characterised by deprivation and high-level health needs also exhibit low take-up of health services. Evaluation of the impact of learning on health also shows that participation in learning affects the way that individuals access and use health related services. Some ‘frequent attenders’ went less to their local surgery as their sense of health and well-being increased. Other project participants in Prescriptions for Learning projects reported feeling more able to talk to their doctor and more able to ask questions.<sup>9</sup> Although this research did not focus on learners’ access to health services many learners did talk about the impact their participation in learning had had on their interaction with health care staff. Adrian, for example, explained, “*I think it’s been a learning curve for my doctor because prior to Prescriptions for Learning coming along all he had was tablets to hand out... I’ve been discussing with him how the tablets held me back and I didn’t realise how much until I came off them... like I couldn’t concentrate and I couldn’t get motivated... he’s come to the same sort of conclusion that maybe if someone is suffering from depression it might be better to prescribe a lower dose, but get them active sooner... that might be a better route to go down.*”

### 5. Access to learning support

Talking to learners involved in this research showed that there may have been a similar effect going on in how people accessed support in education and other areas of life to help them sort out problems. Learners talked of a greater trust in the system and an awareness that help might be at hand. David reported that,

*“it’s just given me an awareness at how easy it is – to be up here and then how quickly you can go down there.....and unless you have somebody like (learning adviser) around, you’d never know that. ‘Cos I wouldn’t have known that. When I was down there I thought that was where I was going to*

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<sup>8</sup> Hammond, C. (2002) *Learning to be Healthy, Research Brief RCB07* August 2002, Centre for Research on the Wider Benefits of Learning, Department for Education and Skills

<sup>9</sup> James, K. (2001) *First Evaluation Report of Prescriptions for Learning*

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*stay or going further down... the difference is that now I see that as long as you are prepared to work at it, there's always going to be opportunities... even if it comes to the worst case scenario for me, or for my kids, as long as there are people like (learning adviser) around... there's always going to be opportunities... there's always a window, you might have to look to find it but there's always something."*

He added further,

*"my outlook has changed on the way things are and the way I choose to do certain things, I know that there are people around me now who know things that I don't know... whereas before if I couldn't find the answer it was tough, get on with it... and that makes you go further down because there's never an answer to anything, there's never a way round. Now I know more places to look for answers."*

However, the ongoing support was not taken for granted or overused, and some learners were still getting used to how much support they were able to ask for. Still for some learners there was an anxiety about making "a fuss" or in making yourself stand out in any way.

Paula described how she was unsure whether she would be able to complete her current course because the college had had to change the evening to another night, which didn't fit in with Paula's caring responsibilities with her mother or her childcare arrangements, stating

*"yeah, a bit cross about this ECDL changing evening I really am... I really wanted to finish it."*

She then went on to say that she had never received any of the certificates for the courses that she had successfully completed, she remarked

*"I know it sounds petty but... certificates are certificates, aren't they. I've paid for them and done all that work."*

When it was suggested that she might talk to the learning adviser, she said,

*"Do you think so? Yeah, maybe I will. Maybe it will be alright. But you feel such a fool don't you, like you are making a fuss... when you are depressed and down, you know... I always think they are going to take my children away."*

Peter also explained the difficulties he was currently experiencing on his teacher training course when he was unclear how to progress with an assignment he was asked to do.

*"I asked her what she expected us to do and said 'explain this to me, what do I do here? It's all double dutch to me' and she said 'Well that's City and Guilds for you'. And that's all she said. So I went to the library and read some stuff and tried to work out what I should do... when I got the assignment back, there were some ticks on it but the rest was blank and she said 'You haven't done what I asked you'. It's soul destroying, it really is."*

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Peter went on to explain similar problems with his micro-teaching which he had tried to sort out himself before he enlisted the help and advice of the learning adviser.

For both these learners these difficulties had made them feel bad, and had been a point at which both thought of giving up learning as perhaps not being for them after all.

## 6. Access to employment

For most of the learners, employment was not the reason they had been referred to Prescriptions for Learning and in some cases had probably not even been a consideration for the future. Yet for most of the learners, employment was now a reality or at least a probability for the future. Success in learning has contributed to their raised employment aspirations, most learners were now thinking of jobs they would not have considered for themselves before they had participated in Prescriptions for Learning. Tracy had gained a job in a bank that was something she had always dreamed of. Peter had got a job in an FE college. Caroline was applying for jobs in a nursery. David explained how when he was an adolescent he needed counselling but no male counsellors were available. He was now doing a counselling course in the hope of being able to practice as a counsellor. Karla has aspirations to work in the Care Sector. Gemma is thinking of her options for when her sons reach school age. Luke wants to escape factory work and *“to get in a job that, you know, is at least half decent!”*. Of all the learners interviewed, only Carole and Christopher felt that, although they would like a job, employment was unlikely for them.

## The learning advisers' views

Six learning advisers were interviewed on a one-to-one basis and the findings reveal some striking parallels to the evidence from the learners. Although the learning advisers made reference to the practical strategies they used to support learners to access learning, they also talked at length about the emotional support they provided to the learners and about the depth of the interaction that they had with them.

### 1. Belief in learners

All the learning advisers talked about needing to have belief in the learner. One adviser talked about *“my belief in the person opposite me. My belief that they can do it, even if they don't.”* Another learning adviser talked about *“belief in them, warmth and genuine belief”*. The journey towards self-belief for learners was also acknowledged, as one learning adviser explained *“It's about hanging in there until they can believe it for themselves. It acts as a safety net for people to take the risks to try”*. In recognising the risks that people took to overcome these internal barriers, learning advisers made sure that they built in chances for early success. This also helped learners to start believing in themselves. Learning advisers also had more than just belief in the learners, they also talked about belief in learning and of the importance of what they did. Some learning advisers were themselves adult learners with experience of how participation in learning can transform lives, which they shared with learners when appropriate.

The learning advisers also recognised the tensions between what they were trying to do and the ethos of the medical world. Prescriptions for Learning is about enabling people through participation in learning to bring about an increased sense of well-being for themselves, but it is based on informed decision making and on empowering people. This is not often part of the medical thinking, and the implied message behind most referrals was that a person was referred because the health care worker decided that they should do this because they had such and such wrong with them. Working within this very directive

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deficit model was often at odds with what the learning advisers were trying to achieve with people. One learning adviser talked of working with people not just so that they believe that they can achieve but also to believe that they can choose what is right for them. Working within primary care settings often made this more difficult because learners sometimes associated their referral with medical or therapeutic reasons and this sometimes meant that the boundaries were blurred. Some learning advisers felt more comfortable working in educational settings so that those associations were less likely. Other learning advisers valued working in primary care settings because they were familiar environments for learners, but recognised that there was a skill in managing the boundaries between providing emotional support for learning and the other kinds of support provided through GP surgeries.

## 2. Honesty and realism

The learning advisers were also at pains to point out that their belief in learners was not blind optimism. The learning advisers were very aware of the complex lives that some learners have and that many experienced multiple barriers to participation. One learning adviser stressed the need to *“listen, really listen... to draw out all the information, because until that happens you can't start building”*. The other aspect of this realism and honesty was the need to be honest about what was achievable. One learning adviser stated *“the system fails people and it gives people false hope. People get the message that it is easy to get on and do things but it's more complex. Take transport in rural areas for example, the reality is that if you live in a village in the middle of nowhere, you physically can't get to most stuff. We have work with that and be honest. We have to tell it how it really is.”* Knowing the reality of the barriers that people face when trying to access learning was referred to by one learning adviser as *“working in the full knowledge”* before they could support learners to think of ways around the barriers to their participation.

Supporting learners to believe in themselves, while also being realistic about what it takes to achieve requires a level of interpersonal skills.

## 3. Understanding the journey that people have to make

Learning advisers know that the majority of the people they work with do not easily access learning at level 2. Most people who are referred to Prescriptions for Learning initially accessed learning on non-accredited learning opportunities, often offered in non-threatening environments such as community centres or away from the learning providers' main campuses. The learning advisers supported progression from this kind of provision onto other more formal or accredited provision when appropriate.

Many of the learning advisers also talked about needing to understand that the journey that people make isn't always straightforward. Some learners were described as *“just taking off, they blossom and they are away.”* For others the progress was slower. Some people achieved in ways that weren't always expected, and sometimes people dropped out of learning. One learning adviser explained *“Things in their lives conspire against them. But what do we mean by it 'doesn't work', what does that mean and whose success criteria are we using. Participation in learning doesn't stop bad things happening, but I do think that they often feel better able to cope. Perhaps they have greater resilience, better coping strategies, feel more in control. Isn't that a success as well?”* In understanding the different external stresses that affected many of the learners, learning advisers talked of various strategies to keep people engaged in learning. One learning adviser talked of *“keeping tabs on people, knowing what they are up to and being able to adjust the support and what is required of them in the learning situation accordingly. Also giving people the chance to come back if they do have to take time away.”* She likened this to how tutors

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monitor the progress that their learners are making, but learning advisers were “*continually assessing what people can cope with, monitoring the progress that learners are making towards greater independence in their learning.*”

#### 4. Knowledge, networks and contacts

Learning advisers also talked about the links they made between the learners and the learning providers and how they acted as advocates or brokers. Learning advisers felt that they needed to speak up for learners in order to secure the most appropriate learning opportunities. Some learning advisers are employed by Primary Care Trusts and so this contact with learning providers has a more formal feel to it. Most of the learning advisers are employed by a learning provider and the learning advisers explained how they “*use contacts, pull in favours, make suggestions and be creative, know who you can negotiate with*”. This enabled the learning advisers to offer more flexible and responsive provision for learners. Learning advisers know that success, particularly in the early stages of learning, is crucial so learning advisers used their knowledge of the system to ensure that learners accessed learning they could cope with and succeed in. The quality of the learning advisers relationship with the learner, which was based on encouragement and belief, is strengthened if the learning adviser has appropriate opportunities to offer the learner.

Having an overview of the range of learning opportunities available requires a broad knowledge of adult education and skills in thinking creatively about how the system can work for learners who have previously been marginalised in education. Acting as an advocate or broker for this group of learners also requires a level of inter-personal skills. The learning advisers who participated in this research had a variety of backgrounds and experience that they used to support and inform their practice. Some learning advisers were lucky to work in teams and so were able to talk through specific cases so that they were able to reassure themselves that they were working ethically, professionally and doing all they could to ensure learner success. Other learning advisers were working in isolation and felt that the way they worked was misunderstood and how they needed colleagues to discuss things and bounce ideas around with. If we are to recognise the individualised support that some people need in order to access and achieve in learning then we need to acknowledge the training and support that learning advisers need.

## Summary

This report has looked at what support needed to be available to learners on Prescriptions for Learning projects if they were to achieve a qualification at level 2 or equivalent. Thirteen learners were interviewed and the evidence provided by those learners suggests that the important factor in facilitating their success was the relationship between themselves and the learning advisers. Many learners who were referred to the projects were emotionally fragile and unable to believe that they could be successful but time taken to nurture their potential and to foster self-belief in their abilities has paid off. Many of the adults referred to Prescriptions for Learning fall within the remit of the Disability Discrimination Act and the wider remit of the Disability Equality Duty for the Public Sector, which will come into force from December 2006. Under this legislation education providers have to make reasonable adjustments to ensure that people with disabilities are enabled to access and achieve in learning and to take positive action to ensure disability equality from the start. The support offered by learning advisers could be interpreted as the psychological equivalent of a ramp that some learners need to access and succeed in learning. The work of learning advisers also

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supports the widening participation and achievement agendas. If policy makers and managers in adult education are serious about widening participation and about driving up achievement rates then we have to ensure that we invest at all levels. Providing time, space and resources to overcome personal barriers to learners to support the emotional access to learning has to be one of those investments.

The research also showed how the support given also started a journey for the learners that in itself was a learning process. Learners discovered more about themselves, they were learning about the system and about the possibility of wider opportunities such as employment. As learners go through this process they develop greater emotional resilience that in turn enables them to act upon that learning and to access wider opportunities. The support provided by learning advisers started a ball rolling for learners that took off in many directions, of which achievement in learning was one of them.

If we are able to work on this basis with people like the learners who are referred to Prescriptions for Learning then we also need a system that supports it. This must include adequate support and funding for the one-to-one, ongoing support that learning advisers provide, adequate support and training for learning advisers so that they work in an ethical and appropriate manner and finally there must be the flexible and responsive learning opportunities available for learners to access and progress through so that they can support their goals.



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