

Learn Well, Live Well

Adult Learning and Health and Wellbeing

Northern Ireland Impact Forum on Adult Learning
and Belfast Learning City

December 2020





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Forum for Adult Learning NI

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About Learning and Work Institute

Learning and Work Institute is an independent policy, research and development organisation dedicated to lifelong learning, full employment and inclusion.

We research what works, develop new ways of thinking and implement new approaches. Working with partners, we transform people's experiences of learning and employment. What we do benefits individuals, families, communities and the wider economy.

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Northern Ireland Impact Forum on Adult Learning

The NI Impact Forum was established in 2014 and is managed by the Forum for Adult Learning NI (FALNI). It is one of four Impact Forums set up by the Learning and Work Institute under the UK's EAAL Programme.

The Forum meets 3-4 times a year to explore issues of common concern and learn of practice and research from across the UK. It seeks to identify ways to improve recognition and support of adult learning's (potential) impact on a wide range of core governmental agendas – through direct engagement, lobbying and the production of evidence.

It is attended by representatives from all the main statutory providers, voluntary and community sector organisations, awarding bodies, funders, trade unions, local councils and departmental officials.

As well as its UK partners, the Forum works with AONTAS, the voice of adult learning in the Republic of Ireland.

Belfast Learning City

Belfast became a member of the UNESCO Global Network of Learning Cities in 2018, following endorsement of the application by Belfast City Council. Within Belfast the Learning City initiative is part of the framework of Community Planning, under the guidance of the Working and Learning Board.

Belfast Learning City provides an opportunity to harness the efforts and energy expended across the city through a broad spectrum of learning activity. The Learning City approach aims to improve the quality of life for all and contribute to tackling life inequalities using learning and its ability to connect and integrate across all aspects of life, offering benefits for individuals, communities, organisations and the city.

Our principles are made manifest in the annual Belfast Festival of Learning programme, which highlights and celebrates the breadth and depth of learning provision in the city.

The spectrum of learning we incorporate covers four key areas of formal, informal, and non-formal learning: Learning for Life, Learning for Education, Learning for and in Work and Learning to Live Together.

For further information please contact: Dolores Atkinson from Belfast Learning City at AtkinsonD@belfastcity.gov.uk

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We sent out a call for case studies and were delighted by the variety and richness of those which came in – making the task of choosing which to include in the report extremely difficult. Those which have not been used will be available through our websites, where they will make eloquent examples of the quality of learning provision, tuned to health and wellbeing, that is available in Northern Ireland. So our thanks to all contributors:

Age-Friendly Belfast, Age NI, Action Mental Health, Arts Council of Northern Ireland, Ballybeen Women's Centre, Belfast Health Development Unit, Belfast Learning City, Belfast Metropolitan College, Belfast Recovery College, Belfast Health and

Social Care Trust, Causeway Rural and Urban Network, The Cedar Foundation, Community Development and Health Network, Connected Community Care, Conway Education Centre, DEEDS, esc films, First Steps Women's Centre, Focus on Family, Footprints Women's Centre, GRAHAM, Limerick Learning City, Maureen Sheehan Centre, Mencap, Mount Merrion Parish Church, NIACRO, North Belfast Men's Shed, NOW Group, SPRING, Southern Regional College, WOMEN'S TEC and Women's Resource and Development Agency.

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Foreword



'The basic link between health and lifelong learning is well established.' -

Raúl Valdés-Cotera, Team Leader at UNESCO Institute for Lifelong Learning.

This report, which is a joint initiative between the Northern Ireland Impact Forum on Adult Learning and Belfast Learning City, demonstrates how this link can be understood across the broad spectrum of what we characterise as health and wellbeing, while taking into account the particular circumstances in which the world finds itself in 2020.

In 2017 the NI Impact Forum, along with similar forums in England, Scotland and Wales, contributed to the Learning and Work Institute's report *Healthy, Wealthy and Wise*. That report looked at the evidence of the impact of adult learning under three broad themes: health, work and communities.

Belfast a Learning City has developed over the past three years as a member of UNESCO's Global Network of Learning Cities on a connected platform of tackling health inequalities and improving the quality of life. The Learning City initiative in Belfast believes that learning in all its forms can connect city endeavours, equipping everyone from the individual, through communities to organisational and civic life to collectively tackle long-standing challenges of inequality and maximise learning opportunities for the city, leaving no one behind.

When asked by Learning and Work to do some further in-depth work on the link between adult learning and health and wellbeing, it was an ideal opportunity for the Impact Forum to partner with Belfast Learning City.

In compiling the report, we commissioned a series of themed articles from a range of academics and practitioners. Each article is illustrated by two case studies which demonstrate the wealth of excellent practice which exists in Northern Ireland.

All of the authors provide strong arguments for the crucial role which learning plays in improving our health and wellbeing, citing research outcomes, statistics, qualitative studies and practical examples. They also address the impact of the **COVID-19 pandemic** and show that, while it has had devastating effects on health and has exacerbated many pre-existing problems, it has also led to valuable lessons and innovations which should be further developed as our world returns to 'normal'.

Many common themes emerge from the articles, but there is an underlying message that building a culture of lifelong learning will not just lead to economic prosperity, but will empower us to manage our own health, interact more effectively with our health professionals and services and generally lead to healthier and better lives.

As laid out in our Conclusion, the Impact Forum and Belfast Learning City will use this report to engage with stakeholders and policy-makers across health, learning and other sectors to gain due recognition for the facilitative role learning plays in responding to core societal needs, particularly for those most marginalised. We hope that the evidence presented will persuade decision-makers, at city and regional levels, of the importance of adopting and supporting increased collaboration across these key disciplines. When policy-makers and practitioners learn to provide integrated services (co-designed with those impacted) then the holistic life experiences of our citizens will be more effectively met.

At the end of the day, a healthy society will learn well – a learning society will live well.

Trevor Neilands – Chair of the Impact Forum
Danny Power – Chair of Belfast Learning City

Introduction



Raúl Valdés-Cotera and Konstantinos Pagratis, UNESCO Institute for Lifelong Learning



Raúl Valdés-Cotera is Team Leader at the UNESCO Institute for Lifelong Learning and manager of the UNESCO Global Network of Learning Cities. For more than fifteen years, he has been working in international organisations in the field of public policies, lifelong learning and adult education. He has

led various research and advocacy projects such as the Conceptual Evolution and Policy Developments in Lifelong Learning (2011), the Glossary for Adult Education (2013), Unlocking the Potential of Urban Communities (2015 & 2017) and the Handbook for Lifelong Learning (2020).



Konstantinos Pagratis' current work assignments at UNESCO Institute for Lifelong Learning (UIL) have a focus on capacity building, research and technical advice in the field of education and from a perspective of lifelong learning. Konstantinos has

been a member of the UNESCO Global Network of Learning Cities Coordination Team since 2019 and has also coordinated the thematic cluster on Learning for Health and wellbeing.

The complex and interlinked challenges

There is growing recognition that single sectors can no longer solve complex and interlinked problems on their own. If a lesson can be taken from the COVID crisis, it is precisely this idea that in order to address the many new challenges of society, a more holistic and transdisciplinary approach is needed. The articulation between disciplines, partners and ideas, is probably the only way to deal with the new reality.

This is the essence of the United Nations' Sustainable Development Goals (SDGs),¹ and the challenge of many governments. Whilst recognizing SDGs' interdependence and linkages, many countries are still dealing with compartmentalized views and competing positions for budget and power.

In particular, we have learnt in the last years that the synergy between the sectors of health and education can contribute significantly to individuals, communities and societies. It can reduce inequalities and support human development, not only improving good health and wellbeing, but also enhancing learning and personal

growth, as well as fostering healthy and resilient communities (UN, 2020).²

The benefits of education and health for individual life opportunities and societal advantages are widely known, as is the strong mutually reinforcing relationship between education and health, where improvement in one has clear positive impacts on the other.

We have also learnt that people with a higher level of education are less likely to die from the most common acute and chronic diseases, such as heart disease, stroke, hypertension, cholesterol, emphysema, diabetes, asthma and ulcers. Preventive education works best if the contexts that people live in are health-supportive. The nature of the food and drinks industry, the level of environmental pollution and the prevalence of poverty are crucial contextual factors for health (WHO, 2020).³

The global crisis of COVID-19 calls for an integrated approach, showing that a health problem is strongly correlated with many other sectors, such as education (post school), labour-employment (sectors disappearing and generating new

1 UN *The 17 goals*. Available at: <https://sdgs.un.org/goals>

2 UN (2020). *Good Health and Well-Being: Why It Matters*. Available at: https://www.un.org/sustainabledevelopment/wp-content/uploads/2017/03/3_Why-It-Matters-2020.pdf

3 Euro.who.int. (2020.) *Health 2020: Education and Health Through The Life-Course*. [online] Available at: https://www.euro.who.int/_data/assets/pdf_file/0007/324619/Health-2020-Education-and-health-through-the-life-course-en.pdf?ua=1

monopolies), and social exclusion, It also shows that health outcomes depend on much more than just the healthcare system. This is why the report on adult learning and health and wellbeing could not come at a better time.

Lifelong learning represents an effective and potentially transformational means of addressing many new challenges

During the COVID-19 pandemic, lifelong learning has enabled governments to respond to the emergent learning needs. The pandemic has allowed countries to recognize and demonstrate the value of non-formal and informal learning. In response to the overwhelming health crisis, many countries have successfully found solutions beyond formal education, to quickly equip citizens with critical knowledge to protect themselves and slow down the spread of the virus. They have utilized complementary channels and modalities to reach and instruct all citizens, in a timely and effective manner. For example, in addition to schools, many non-formal learning institutions, such as community learning centres, libraries and museums, play a vital role in supporting citizens to cope with the pandemic. Various community learning initiatives, such as learning neighborhoods, study circles and family learning, have been mobilized to support the diverse learning needs of all citizens.

Lifelong learning has proved its immense value. When, at the height of the COVID-19

lockdowns, nearly 1.5 billion students were unable to attend school, providers worked together to find solutions to ensure that learning would not stop, especially for the most marginalized. Solutions to online and distance learning, to examinations and back-to-school hygiene measures were discussed, among many others. In a time of emergency and uncertainty relevant practices were crucial, such as the one in Belfast in the United Kingdom,⁴ where the 2020 Festival of Learning was organized under the theme of 'Using Learning to build Resilience', offering 140 free events, while emphasizing the benefits of learning for health and wellbeing. Governments, institutions and individual facilitators have had to adapt rapidly to restrictions in order to ensure continuity of learning and, where more traditional learning programmes in classrooms have not been possible, online alternatives have sprung up. Non-formal and informal learning have come to the fore, with a great demand and with a proliferation of more flexible online courses, new communication channels between education stakeholders, and the opening up of vast collections of digital resources. Increasingly, the global community is waking up to the fact that investing in learning throughout life – for everyone – not only fosters democratic citizenship, and improves employability through the promotion of flexibility, creativity and productivity, but also promotes people's health and wellbeing and makes communities more cohesive.



Dementia Engaged & Empowered Derry & Strabane

DEEDS is part of the Old Library Trust (OLT), a Healthy Living Centre in the Creggan area of Derry It offers group activities supporting people in the early stages of dementia, with a range of different needs, to live well for longer in the community. Covid and lockdown had a major impact on both those living with dementia, and their carers, who no longer had access to respite, or other services.

Ordinarily, we run four Carers Education Programmes annually in the community, teaching about dementia and its affects, about communication, and activities like life story work etc. The programme is taught face-to-face in groups, but, of course, we were now faced with finding a new way of working.

Our listening ear service for members' carers identified that they needed to learn more about how to engage their loved ones in a range of meaningful activities at home, helping to occupy

⁴ UNESCO Member States Available at: <https://en.unesco.org/countries/united-kingdom-great-britain-and-northern-ireland> [Accessed 10 December 2020].



their loved one, adding structure to their day, helping them cope with anxiety, and supporting motivation; thus aiding their health and wellbeing.

We have piloted a new learning programme called Carers Connect, aimed at teaching carers about meaningful engagement in a wide range of areas e.g. cognitive stimulation, exercise, dance, music and singing, art, life story work, themed work etc. We also added self-care to the programme for the carer, with videos on mindfulness, hand massage and self-care techniques.

Each carer was given the loan of a tablet to engage on the 8-week programme. The tablets came uploaded with all activities that we had made during lockdown. Whilst these were available on OLT's YouTube channel, we understood carers needed easy access to these tools to help them participate as fully as possible. They also got a bag of arts and craft materials and themed worksheets to support their learning.

Sessions are conducted mainly one-to-one on Zoom, with joint sessions for the music and singing, exercise, dance and movement

sessions, as these lend themselves more easily to group activity. Evaluation took the form of a questionnaire and interview. The impact was twofold:

- Learning could be replicated by carers for further engagement once the programme was over. All the learners reported that they were more confident to try activities at home.
- There was an impact on the health and wellbeing not just of the person with dementia, but also with the carer/learner.



The collective dimension of lifelong learning

The community has become an essential setting for the dissemination of information about health, hygiene information and related services. Learning in general – and non-formal and informal learning in particular – is actively making individuals healthier. The health of

entire communities is being strengthened through new learning environments that are safe, supportive and prioritize the holistic development of the individual – cognitively, socially, emotionally, mentally and physically. Furthermore, community-based learning for health and wellbeing encourages civic engagement and social inclusion by focusing

on social and emotional learning, as well as by building people's confidence and self-esteem (WHO, 2020).⁵

The social dimension of lifelong learning has been emphasized during the pandemic by showing the strength of families, communities, neighborhoods and cities, with people learning how to take care of themselves and of others. We have seen a broadening of the view that learning is to cooperate and not to compete, that learning is about taking care of oneself, others and the planet. Many actors in the field of education have seen the pandemic as an opportunity to encourage families and communities to become more involved in learning. This is demonstrated perfectly by the city of Cork, in Ireland, where a Covid-19 Community Response Forum has been set up to help vulnerable members of communities and where 30 different partner organizations are working together, seven days a week, in order to help those in need and those looking for guidance.

As a further example of this social dimension, the UNESCO Global Network of Learning Cities, coordinated by the UNESCO Institute for Lifelong Learning, has shared expertise and enabled structured exchange through a webinar series among over 200 cities around the globe, to ensure that learning does not stop during the COVID-19 pandemic for the millions of students living in urban areas. During this webinar series several initiatives have been presented and discussed, such as the 'Every Home, a Health Base' initiative from the city of Kashan in Iran. This initiative is actually a television programme that contains various educational content for socializing health, as well as promoting conscious and purposeful participation amongst the people. Another relevant case comes from the city of São Paulo in Brazil, where the School Feeding Programme has the objective of ensuring all families have access to food items and hygiene supplies.

This initiative especially targets families that have school-aged children and members requiring attention to special needs, as well as those who are living below the poverty line, or in extreme poverty.

The links between Lifelong Learning and Health are more important than ever

According to the Third Global Report on Adult Learning and Education (UIL, 2016),⁶ 65% of countries identified illiteracy as the major factor preventing adult learning and education from having a greater impact on health and wellbeing. This makes clear that the current formal education system fails to prepare learners for crises and disaster management, whilst non-formal and informal learning have been increasingly acknowledged in discussions and proposed solutions to the COVID-19 crisis.

As anticipated in the GRALE report, because of further disruptions that will be caused by the effects of climate change, demographic shifts and the substantial transformation in the labour market, due to the fourth industrial revolution, lifelong learning will have to be moved further up the policy agenda.

There is a growing demand for advanced skills, creativity and adaptability in the workplace and there are several initiatives from the private sector which justify this demand. For example, the case of GRAHAM, a construction company in Northern Ireland that provides a range of learning and wellbeing engagement opportunities for all project staff, including health checks, stop smoking support and the promotion of online learning

The cost of health services is rising considerably in many countries. This rise is being driven by a large number of factors, including unhealthy lifestyles, ageing populations, and a lack of health-related

5 Euro.who.int. 2020. Health 2020: *Education and Health Through the Life-Course*. [online] Available at: https://www.euro.who.int/__data/assets/pdf_file/0007/324619/Health-2020-Education-and-health-through-the-life-course-en.pdf?ua=1

6 UIL. (2016). *Third Global Report on Adult Learning and Education: The impact of adult learning and education on health and wellbeing; employment and the labour market; and social, civic and community life*. [pdf] Hamburg, UIL. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000245913> [Accessed 10 November 2020].

knowledge. As a consequence, in many countries, people do not have access to a health system.

In recent decades, the understanding of health has broadened considerably to encompass the concept of wellbeing. According to the World Health Organization (1948),⁷ health can be defined as 'a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity'. Education and learning are a means of achieving such wellbeing, as they enable people to develop a greater degree of control over the quality and meaning of their lives (WHO,1998).⁸

We can see, for example, that the impact of the coronavirus pandemic on the

mental health and wellbeing of people has increased the levels of anxiety, isolation and loneliness, and depression and fueled trends that were already evident before the pandemic, driven by structural changes in the economy and society. The post-coronavirus era should be seen as a world giving birth to a different society, rather than return of the old. This will put further pressure on mental health and wellbeing. A clear implication is that communities everywhere are putting more attention and priority on mental health and wellbeing but also nutrition and wellbeing. There is increasing evidence that education acts as a protective factor against developing depression and various forms of dementia. (Peyrot et al, 2015).⁹



Testimonial from one Senior Support Manager

"I have had 2 members of staff who have accessed the health and wellbeing programme, in the last 6-months, and both have benefitted greatly from it. Learning was fed back into team meetings and shared."

"One has used the tools and techniques that they learnt on the course to modify behaviour and actually the change has been noticeable to the whole team."

"The second team member has already used the information gained in their personal life, and has provided information (signposting) to staff external to our team"

"I've seen clear evidence that attending these courses have had real, ongoing, benefits"

Belfast Metropolitan College - Building Resilience Staff Programme

Belfast Metropolitan College (Belfast Met) is the 6th largest FE/HE College in the UK and the largest and oldest FE provider in Northern Ireland. It has a dedicated Staff Health and Wellbeing Centre which has provided a comprehensive

programme since 2016, to ensure training and support services for all staff, which in turn can help provide a better learning and supportive experience for our students.

The need to develop an in-house substantive, and broad, mental health and emotional wellbeing programme was identified by staff, who wanted

8 The WHO Health Promotion Glossary, (1998) Available at <https://www.who.int/healthpromotion/about/HPG/en/> [Accessed 15 November 2020].

9 Peyrot, W., Lee, S., Milaneschi, Y. et al. (2015) The association between lower educational attainment and depression owing to shared genetic effects? Results in ~25 000 subjects. *Mol Psychiatry* 20, 735–743. <https://doi.org/10.1038/mp.2015.50>

more support due to significant periods of externally mandated change, twice, within a three year period. This seriously impacted on the cultural environment of the College and the emotional resilience of the staff.

The staff training programme included suicidal ideation support, stress management, digital wellbeing, sleep hygiene, self-harm, mindfulness, substance use/misuse, mental health, anxiety, ASD, LGBT awareness, yoga, dealing with loss, emotional resilience.

The programme exceeded its engagement target in the pilot and shifted organisational thinking. Staff saw how such interventions can change culture, raise staff engagement and reduce sickness absence levels.

In response to COVID-19, the College undertook rapid measures to prioritise Staff Health and Wellbeing including: a regular Staff Health and Wellbeing Ezine; a range of online webinars to

support the rapid adjustment to online working; and the launch of a Staff Learning Portal providing access to a range of online material.

Reflection

The College has learned the value of resilience building for staff. This learning, developed over the past few years, was tested fully as staff juggled home, work and caring responsibilities whilst providing pastoral support to students who may be experiencing stress, anxiety and were under emotional strain.

Having that existing skill base enabled staff to draw upon this during current unprecedented times.

While the uptake of these new measures was not significant, it did raise awareness amongst staff of the support available to them; that the College was there for them and understood their pressures.

Place vulnerable groups at the core of the agendas

The COVID-19 pandemic has widened existing social inequalities. People already classified as disadvantaged have been further pushed to the margins. Now, more than ever, it is vital that citizens are provided with appropriate learning tools and resources so that they can make good choices and do what they can to protect themselves, their families and their communities. Taking steps to help individuals (especially the most excluded) to fully understand the importance of complying with medical policies, rules and requirements will, in turn, strengthen the health environment as a whole, and decrease the likelihood that entire health systems will collapse under the strain (UIL,2020).¹⁰

The World Health Organization (2015)¹¹ suggests that there are several things people can do to help, for example promoting and protecting their own health and the health of those around them, and also making well-

informed choices. It also suggests raising awareness within the community about the importance of good health and healthy lifestyles, as well as people's right to quality health care services, especially for the most vulnerable, such as women and children.

Inequality in health cannot be addressed through the health sector alone, but needs to be understood in relation to other drivers of inequality. For example, we know that improving the circumstances of the most disadvantaged people is the most effective way to reduce health inequality (UIL,2016).¹² However, these people are the least likely to participate in lifelong learning activities that are shown to have positive effects on health.

We know that learning empowers individuals, families and communities and creates resilience to thrive in life. As mentioned, a number of times in this report, it will be very important to invest in increasing education and learning opportunities for all across all aspects of society.

¹⁰ GNLC Webinars: UNESCO learning cities' response to COVID-19 Available at <https://uil.unesco.org/lifelong-learning/learning-cities/gnlc-webinars-unesco-learning-cities-response-covid-19> [Accessed 11 November 2020].

¹¹ Health 2020: Education and health through the life-course Available at: https://www.euro.who.int/_data/assets/pdf_file/0007/324619/Health-2020-Education-and-health-through-the-life-course-en.pdf [Accessed 3 December 2020].

¹² UIL. 2016. *Third Global Report on Adult Learning and Education: The impact of adult learning and education on health and well-being; employment and the labour market; and social, civic and community life.* [pdf] Hamburg, UIL. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000245913> [Accessed 10 November 2020].



As the article by Alex Withnall shows life has been especially difficult for older people, particularly those living alone. Even though plenty of online courses have been put in place during the lockdown, the lack of skills and access, and the affordability of equipment exclude many people. It is true that longer life increases the probability of developing complex conditions, with increasing costs to the health care system. This is why it will be important to understand better how older people learn in different contexts, to revitalize family, community and intergenerational learning and to embrace the digital revolution.

Clearly, we can see how sources of exclusion often overlap. It is common for vulnerable individuals to be affected by various factors, such as gender, poverty and disability, thus amplifying marginalization. Lifelong learning policies and practices must take this complexity into account.

To improve health and wellbeing for disadvantaged groups we need to develop coordinated efforts to tackle the factors that have put these groups in situations of vulnerability and to enhance the factors that support them, across all aspects of their lives and across their life span (UIL, 2020).¹³

¹³ UNESCO Institute for Lifelong Learning. 2020. *Embracing a culture of lifelong learning: contribution to the Futures of Education initiative*. [pdf] Hamburg, UIL. Available at <https://unesdoc.unesco.org/ark:/48223/pf0000374112> [Accessed 15 November 2020]

Health Literacy – an Essential Skill



Anne McCusker, Belfast Healthy Cities, and Helen McNamee, Community Development Health Network



Anne McCusker is a Programme Manager with Belfast Healthy Cities which is the partnership organisation that has responsibility for implementing the World Health Organization Healthy City requirements in the city of Belfast. As Programme

Manager currently Anne is leading the development of the Health Literacy programme and also supports the Health Inequalities and Healthy Ageing programmes.



Helen McNamee works for Community Development and Health Network (CDHN) where she leads on its health literacy work, including managing the self-care pharmacy project and the development and delivery of health literacy resources and training.

She sits on the HSC Regional Health Literacy Forum and Belfast Healthy Cities Health Literacy working group. Helen has led on a variety of research, policy and evaluation projects in the community and voluntary sector over the last 15 years.

Definition

Health literacy is an evolving concept with many definitions and measures, indeed the International Handbook on Health Literacy¹⁴ identified 26 different working definitions. In Northern Ireland, the following definition was developed by the Western Health Literacy Group:

'Health literacy is about our knowledge, skills, understanding and confidence to be able to use health and care information and services to make good health decisions.' (Western Health Literacy Delivery group).¹⁵

This definition was influenced by WHO and research from Public Health England (PHE). The PHE report explains that having good health literacy for all requires

- People having the skills (language, literacy and numeracy), knowledge, understanding and confidence to access, understand, evaluate, use and navigate

health and social care information and services.

- The provision of clear and accessible health and social care services and information for all¹⁶

The Covid-19 pandemic has highlighted that low health literacy is an underestimated public health problem globally.¹⁷ At the beginning of the pandemic there was simple, easy-to-understand official information on social distancing and washing hands. While these messages have remained the same, guidance has changed regularly and differs regionally. Alongside this there is an abundance of information and misinformation that is complex and contradictory and, in some cases, false.

Health and social care services have changed as the pandemic continues; many appointments are now virtual, some services have ceased, while others have reopened,

14 Orkan Okan, O, Ullrich Bauer, B, Levin-Zamir, D, Pinheiro, P and Sorensen, K. (2019) (editors) *International Handbook of Health Literacy: Research, Practice and Policy Across the Lifespan* Policy Press: Bristol
 15 Logo, definition and tagline co-produced by Northern Health Social Care Trust (NHSCT) service users in the Northern Healthy Lifestyles Partnership as part of the Western Health Literacy Delivery Group.
 16 Public Health England and UCL Institute of Health Equity (2015) *Local action on health inequalities: Improving health literacy to reduce health inequalities* PHE: England
 17 Paakkari, L. and Okan, O. (2020). *COVID-19: health literacy is an underestimated problem*. The Lancet Public Health.
 18 World Health Organisation (2013) *Health Literacy: The Solid Facts* WHO: Copenhagen
 19 World Health Organisation *Why is Health Literacy Important*
<https://www.euro.who.int/en/health-topics/disease-prevention/health-literacy/why-health-literacy-is-important#:~:text=Strong%20health%20literacy%20enables%20people>.

often on a restricted, or different basis. This is challenging for health and social care professionals, as well as for the public.

People with strong health literacy skills will be better able to respond to the changing health messages and negotiate the new way of working in the pandemic. Research¹⁸ has shown that people with strong health literacy skills are more likely to make informed decisions about their own health and the health of their families. They also feel better equipped to be active partners in their health care, to effectively navigate health-care systems and to advocate to political leaders and policymakers.¹⁹ Conversely low health literacy is associated with poor health knowledge and understanding of illnesses, less participation in health-promoting activities (e.g. screening and vaccination), riskier health choices, less adherence to medication and increased hospitalisation and rehospitalisation, increased morbidity and premature death.

Adult learning has a critical role in helping to improve health literacy. This is emphasised in research by WHO²⁰ which states that *'educational interventions play a central role in promoting and strengthening health literacy.'*

People with higher levels of educational attainment are less likely to suffer from long-term diseases and to report themselves in poor health²¹. Educational attainment is one of the key milestones for wellbeing through the life course and can impact on many outcomes in later life including, quality of work, future earnings, involvement in crime, morbidity, and death.²²

Health literacy and health inequalities

Health inequalities are the unfair and avoidable differences in the health of people in our society.²³ Health is known to be affected by social determinants which include living and working conditions, community and family networks, social economic conditions and environmental factors and education.²⁴

Health literacy is also recognised as a key determinant of health. Someone with strong health literacy will have more knowledge and confidence to be able to influence and change social factors than someone with low health literacy.

Efforts to improve health literacy which support action on key social conditions are likely to have more impact. This involves a focus on co-production, shared decision making and creating conditions for people to have control over their health and the social issues that impact on their health. This goes alongside improving individuals' skills, such as language, numeracy and literacy. Health and social care staff, and people who work or volunteer in health or social care roles, need effective communication skills and need to provide health information that is easy-to-understand, clear, concise and appropriate.

The scale of low health literacy

The European Health Literacy Survey (HLS-EU) found that nearly 50% of people in Europe have low health literacy.²⁶ Ireland, which participated in HLS-EU, found 40% of Irish people had limited health literacy. Recent research identified 43% of English working age adults struggle to understand

18 World Health Organisation (2013) *Health Literacy: The Solid Facts* WHO: Copenhagen

19 World Health Organisation *Why is Health Literacy Important* <https://www.euro.who.int/en/health-topics/disease-prevention/health-literacy/why-health-literacy-is-important#:~:text=Strong%20health%20literacy%20enables%20people>.

20 WHO (2013) *Health Literacy: The Solid Facts* http://www.euro.who.int/__data/assets/pdf_file/0008/190655/eg6854.pdf

21 Cutler DM, Lleras-Muney A. (2006) *Education and health: evaluating theories and evidence*. National Bureau of Economic Research: Cambridge, MA. Working paper 12352.

22 PHE. (2015) *Public Health Matters: Ensuring all children have the best start in life*. Accessed 14 June 2017

23 HSC Transformation Community Development Workstream (2018) *Expansion of Community Development Approaches: Report to Transformation Implementation Group Health and Social Care and Department of Health*

24 <https://escr.ukri.org/about-us/50-years-of-escr/50-achievements/the-dahlgren-whitehead-rainbow/#:~:text=These%20social%20health%20factors%20have,individual%2C%20their%20environment%20and%20health>.

25 Orkan Okan, O, Ullrich Bauer, B, Levin-Zamir, D, Pinheiro, P and Sorensen, K. (2019) (editors) *International Handbook of Health Literacy: Research, Practice and Policy Across The Lifespan* Policy Press: Bristol

26 Sorensen et al (2015) *Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU)*, European Journal of Public Health, V 25, I 6 <https://academic.oup.com/eurpub/article/25/6/1053/2467145>

instructions to calculate a childhood paracetamol dose.²⁷ While there is no current baseline for Northern Ireland, these findings would suggest a similar level of need.

Research in England²⁸ has shown that health information is too complex and that 43% of people aged between 16 and 65 years are

unable to effectively understand and use everyday health information. The figure rises to 61% when the information also requires numeracy skills. This evidence illustrates the importance of aligning adult learning more closely with the lived experiences and needs of learners.

BCPP in Ballinamallard, Co. Fermanagh

Building the Community-Pharmacy Partnership (BCPP) is a unique funding programme that brings local communities and Community Pharmacies together to work on local health projects. Developed in 2001, BCPP is managed by the Community Development and Health Network, a Northern Ireland based charity which promotes the use of community development to tackle health inequalities.

Fermanagh Sports & Cultural Awareness Association is based in Ballinamallard, an area of rural deprivation and isolation.

The Association's BCPP project worked with 14 men aged 50 plus, some of whom had mental and physical health issues, as well as feeling socially isolated. Due to the small number of participants and the already well-founded relationships from a previous BCPP project, the men felt safe when discussing what were sometimes very personal issues. The sessions consisted of a range of health-based seminars and activities that would help improve the health of the group members. Sessions from organisations such as AWARE NI, NI Chest, Heart and Stroke and Diabetes UK were

balanced with others on healthy eating, exercise and cooking.

Through the project, the health literacy of the participants was improved, as well as their understanding of how social factors (for example, money worries, housing and stress) can impact on health. A critical outcome was that the men became more confident to self-manage their health.

During the programme, the local pharmacist was available for one-to-one support and sessions on medicine management, repeat dispensing and health checks. The pharmacist found involvement in BCPP projects gave him a better understanding of the context and conditions of people's lives and factors influencing their health. He also saw the pharmacy being better utilised, particularly important with no GP in the village.

The men found that meeting and engaging with others in similar circumstances, reduced feelings of self-blame and hopelessness. They realised they were not alone and they had support to make small changes in their personal health and wellbeing and the opportunity to address bigger issues together as part of the group.



27 Rowlands et al (2012) *Evaluating Health Literacy Skills in England*. London South Bank University, <https://www.keele.ac.uk/research/researchnews/2012/healthinformationistoo complicatedexperts warn.php>
28 Rowland et al (2012) *Health information is too complicated, experts warn*, Keele University <https://www.keele.ac.uk/research/researchnews/2012/healthinformationistoo complicatedexperts warn.php>

Addressing health literacy

The WHO publication *The Solid Facts: Health Literacy*²⁹ highlights opportunities and benefits associated when including health literacy within a school curriculum (Figure 1). A similar approach is suggested

for adult education and informal learning with an emphasis on literacy, numeracy and communication skills, and developing critical health literacy skills, to support decision making in real life scenarios.

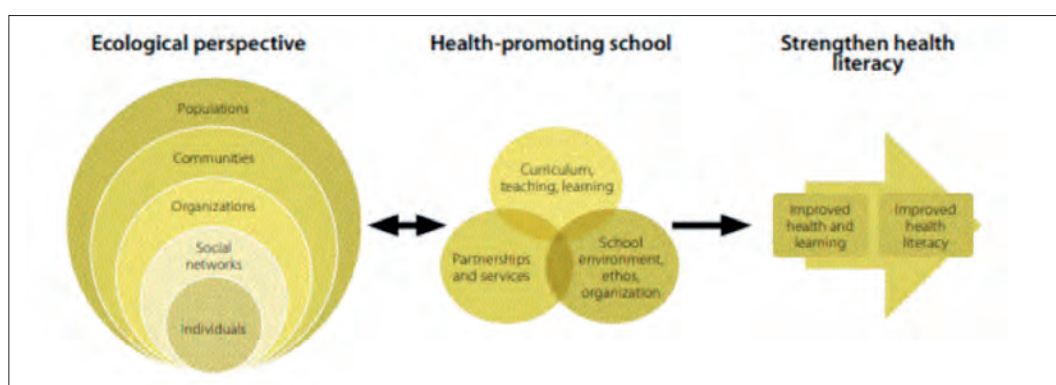


Fig 1 Model of compatible levels of influence and the education system to strengthen health literacy (WHO, 2013, *The Solid Facts: Health Literacy*)

Health literacy initiatives in Northern Ireland

There are a number of ongoing health literacy initiatives in Northern Ireland.

Belfast Healthy Cities used a health literacy approach to develop a teaching resource for primary schools. This will support an awareness of the community pharmacy services which are available for self-care and common ailments.

Community Development and Health Network (CDHN) carried out a consultation to find help find solutions to improving health literacy and increasing people's capacity to self-manage minor ailments. One of the findings was that giving and receiving health information in informal contexts, such as a walk or over a cup of tea, where people felt comfortable, was more likely to achieve positive results. In a similar vein, community

leaders fed back that a session or workshop specifically on health literacy or self-care will not appeal to many people. However, integrating the learning into ongoing programmes and activities would prove more effective; as would tailoring delivery to the individual needs of communities, building on their existing skills, capacity, knowledge, passions and interests. CDHN used these findings, along with national and international evidence, to develop a health literacy training programme for adult learners in the community.

Both Belfast Healthy Cities and CDHN provide Health Literacy Communication Skills Training.³⁰ This training is targeted at health and social care professionals to improve their learning and continued professional development. It has been delivered widely across NI to members of the Health and Social Care Board (HSCB)

²⁹ Kickbusch I. et al (2013) WHO

³⁰ This training was developed as part of the European health literacy initiative IROHLA, with health professionals from Italy, Ireland and the Netherlands to identify and enhance health literacy skills. <https://eurohealthnet.eu/ciri/irohla>

Integrated Care Partnerships, pharmacists and dentists.

CDHN, on behalf of HSCB, delivers the Building Community-Pharmacy Partnership programme (BCPP). CDHN grants funding to approximately 60 BCPP projects each year. The projects aim to bring communities and community pharmacists together to reduce health inequalities using a community development approach. BCPP projects are very diverse and engage with many different

communities e.g. women's groups, people who are homeless, victims of violence. The project sessions are either led or co-facilitated by a pharmacist on issues that are determined by the group e.g. poverty, bereavement, social isolation. Even though the themes and topics are very different, all projects work to reduce health inequalities and improve health literacy and also encourage adult learning in a non-formal setting.

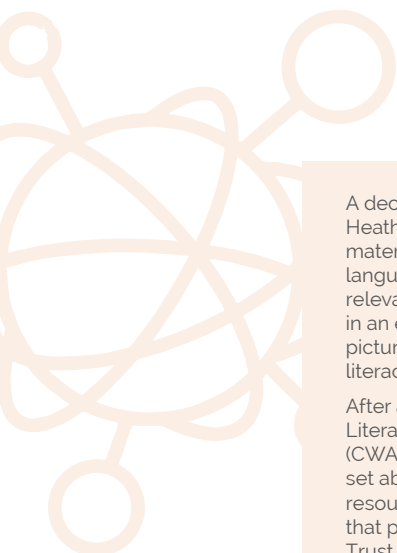


Leads from the Arabic speaking community being awarded for being one of the first communities to return their feedback into the project.

BME Health Literacy Project

The BME health literacy project arose from a need for improved inclusivity. In South Belfast there is a large BME population, as well as an asylum seekers community. When supporting these communities to access healthcare and wellbeing support, Connected Community Care endorses the model of self-empowerment. However, the tools initially used around health literacy were not working.

When Wellbeing Coordinators reached out to these communities to try and engage them using existing resources (predominantly around diet and nutrition or physical activity), gaps in efficacy and appropriateness became evident. For example, materials were not accurately translated, with gaps in certain languages and there was a lack of culturally relevant foods listed. Additionally, it became clear that some communities could not use the materials due to poor literacy in their first language.



A decision was made, with the support of the Health & Social Care Board, to devise new materials that were accurately translated into the languages of specific BME communities, culturally relevant to the target BME groups, and presented in an easy-to-read format, with a strong use of pictures to encourage use by those with low literacy skills.

After a tendering process for the 'BME Health Literacy Project' the Chinese Welfare Association (CWA) was the successful applicant. CWA set about laying the groundwork for creating resources in the two most requested languages that presented to the Belfast Health & Social Care Trust interpreting service – Arabic and Polish.

CWA reached out to those community services that worked with these language groups and

identified existing levels of knowledge around the two set topics – diet and exercise. Once this had been gathered, dietitians from the Belfast Trust's Dietetics Team and physical activity coordinators from Belfast Health Improvement Team trained representatives of the communities on best practise in these areas. This was supported with educational resources, such as pedometers and food maps. The community leads then went back to their respective groups and shared their new learning, encouraging the development of BME walking groups and wider conversations around food and diet.

The learning from these conversations were then distilled down into easy-to-read booklets, accurately translated and culturally appropriate to the target audiences.

Health literacy and Covid-19

Covid-19 has exposed and heightened health inequalities and brought to the forefront the importance of health literacy. Health and social care across the world has been forced to make significant changes and some of these, such as virtual appointments and Personal Protective Equipment (PPE), such as face coverings, can make communication more difficult.

It is not only the virus that continues to spread, but also falsified information – the so-called 'infodemic'. This can make people doubtful and confused as how to deal with information and misinformation.³¹

The way forward

Health literacy should continue to feature in government policy on health and wellbeing and additionally be included in policy and frameworks on adult learning.

Regional initiatives to increase awareness and understanding of health literacy should be supported by both health and social care and government.

In health and social care, health literacy training should become part of the undergraduate curriculum, where it is not currently included. It should also be available to all health and social care staff as part of Continued Professional Development (CPD). Health and social care staff should be encouraged and supported to use evidence-based health literacy tools, such as Teach Back and Ask Me Three.³²

Adult learning can offer a vital space to improve people's health literacy. Opportunities should be identified to include health literacy within existing adult learning programmes, by mapping against existing courses and in discussion with current providers and learners. The learning provided should also include educating people on how to identify misinformation and fake news and where to find trusted sources of information – something that is important not just during the current Covid pandemic.

31 Abdel-Latif MMM. *The enigma of health literacy and COVID-19 pandemic*. Public Health. 2020;185:95-96. doi:10.1016/j.puhe.2020.06.030

32 Institute for Healthcare Improvement (2019) *Ask Me 3: Good Questions for Your Good Health*, Institute for Healthcare Improvement Boston, Massachusetts, USA <http://www.ihl.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx>

Older People and the Importance of Learning for their Health and Wellbeing

Alexandra Withnall, Honorary Associate Professor, Centre for Lifelong Learning, University of Warwick



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of Keele and Lancaster and at the (former) National Institute of Adult Continuing Education (NIACE). She has been researching and writing about later life learning for forty years.

Introduction

Healthy, Wealthy and Wise: the impact of adult learning across the UK (2017)³³ noted that one of the challenges the UK health system faces is that of an ageing population. Although in general, older people are healthier and more active than previous generations, longer life increases the likelihood of developing long-term complex conditions with corresponding costs to the health care system. Whilst the evidence should be considered through a critical lens, interest in the benefits that can accrue from continuing to learn in later life in relation to health and wellbeing has grown considerably in recent times especially in view of Covid-19. What does the available evidence reveal and what kinds of learning opportunities have been developed for older people, defined mainly here as those aged 60+?

Some preliminary considerations

- Older people should never be seen as a homogeneous group; as with other generations, their circumstances can be very different and they are frequently subject to a range of health inequalities.
- Whilst loneliness can be a problem, not all older people are lonely, frail or unhappy. It has been shown that life satisfaction peaks between ages 70 and 74.³⁴

- The extent to which older people may have access to appropriate learning opportunities at all may depend on whether their country has made a public commitment to helping them achieve active and healthy lives e.g. the Northern Ireland *Active Ageing Strategy (2016-2021)*.³⁵

What does recent research tell us?

There is a considerable amount of research aimed at establishing a positive direct relationship between learning and health and wellbeing e.g. Jenkins and Mustafa (2015)³⁶ and Merriam and Kee (2014).³⁷ In 2016, Mestheneos and Withnall³⁸ re-examined these connections and questioned whether improving access to later life learning would be an effective strategy for improving health and wellbeing in general. They concluded that studies were often not comparable in that they used concepts of health and wellbeing in different and sometimes confusing ways and research did not always demonstrate causal effects. They also questioned the extent to which learning could be successful in reducing sometimes lifelong socioeconomic inequalities. Schoultz et al. (2020)³⁹ have reached a similar conclusion.

33 Learning and Work Institute (2017). *Healthy, Wealthy and Wise: The impact of adult learning across the UK*. <https://www.learningandwork.org.uk>

34 Centre for Ageing Better (2019). *The State of Ageing in 2019: Adding life to our years*. <https://www.ageing-better.org.uk>

35 Department for Communities. (2016). *Active Ageing Strategy 2016-2021*. <https://www.communities-ni.gov.uk/publications/active-ageing-strategy-2016-2022>

36 Jenkins, A. and Mustafa, T. (2015). The effects of learning on wellbeing for older adults in England, *Ageing and Society*, 35 (Issue 10) pp 2053-2070. <https://doi.org/10.1017/S0144686X14000762>

37 Merriam, S.B. and Kee, Y. (2014). Promoting community wellbeing: the case for lifelong learning for older adults, *Adult Education Quarterly*, 64 (2), pp 128-144 <https://doi.org/10.1177/0741713613513633>

38 Mestheneos, E. and Withnall, A. (2016). Ageing, learning and health: making connections, *International Journal of Lifelong Education*, 35 (2), pp522-536. <https://doi.org/10.1080/02601370.2016.1224039>

39 Schoultz, M., Öhman and Quennerstedt, M. (2020). A review of research on the relationship between learning and health for older adults, *International Journal of Lifelong Education*, published online: 21 September 2020. <https://doi.org/10.1080/02601370.2020.1819905>

The creative arts and older people

Nevertheless, the positive impact of the arts on older people's health and wellbeing continues to attract considerable attention. Between 2010-2019, the Baring Foundation dedicated its arts funding to participatory activities involving older people across the whole United Kingdom (UK); a comprehensive review identified a need to accentuate the health and wellbeing benefits of such work (King's College London, 2019).⁴⁰ The Arts Council of Northern Ireland's Arts and Older People Programme has successfully promoted positive mental health and wellbeing through a series of innovative community based projects across the province.⁴¹ A previous evaluation of the Bealtaine Arts Festival held in the Republic of Ireland found overwhelmingly positive reactions from participants in terms of personal and social gains.⁴²

In addition, taking part both in musical and dance activities appears especially effective in maintaining and enhancing wellbeing and promoting good health across populations, through challenging physical, cognitive and emotional systems. Such activities are also relatively inexpensive to provide (Sheppard and Broughton (2020)).⁴³

Mental health and wellbeing

Silver Santé (2016-2020)⁴⁴ a six-country EC funded research project, aims to identify the determinants of good mental health and wellbeing in later life. It is investigating the impact of mental training techniques including meditation and language learning

through a series of clinical trials with people aged 60+. Results should provide further useful evidence.

Provision of learning opportunities

Recent years have seen a considerable growth in the provision of imaginative learning programmes. Some examples are given below.

University of the Third Age (U3A)⁴⁵

In the UK, U3A is based on the principles of mutual aid and self-help learning incorporating social activities, is self-funding and is open to anyone no longer in full-time employment. The movement claims to have 444,000 members across the UK. A range of studies has explored the explicit health and wellbeing benefits of U3A membership,⁴⁶ but the movement has been criticised on the grounds that it needs to embrace a broader vision of learning and an agenda that caters for groups of older adults who are currently excluded (Formosa, 2014).⁴⁷

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40 King's College London. (2019). Older and Wiser? Creative Ageing in the UK 2010-19. <https://www.cdn.baringfoundation.org.uk>

41 Arts Council of Northern Ireland (2017). Evaluation of the Arts and Older People Programme. Final Report, Portadown, Wallace Consulting. <https://www.artscouncil-ni.org>

42 O'Shea, E. and Ni Léime, Á (2012). The impact of the Bealtaine arts programme on the quality of life, wellbeing and social interaction of older people in Ireland, *Ageing and Society*, 32 (5) pp 851-872. <https://doi.org/10.1017/S0144686X11000717>

43 Sheppard, A. and Broughton, M. (2020). Promoting wellbeing and health through active participation in music and dance: a systematic review. *International Journal of Qualitative Studies on Health and Well-being*, 15 (Issue 1), Published online: 8 April 2020. <https://doi.org/10.1080/17482631.2020.1732526>

44 <https://www.silversantestudy.eu>

45 <http://www.u3a.org.uk>

46 The Third Age Trust. (2018). *Learning Not Lonely*, www.u3a.org

47 Formosa, M. (2014). Four decades of universities of the Third Age: past, present, future, *Ageing and Society*, 34 (Issue 1) pp 42-66. <https://doi.org/10.1017/S0144686X12000797>

48 The Third Age Trust. (2018). *Learning Not Lonely*, www.u3a.org

49 Formosa, M. (2014). Four decades of universities of the Third Age: past, present, future, *Ageing and Society*, 34 (Issue 1) pp 42-66. <https://doi.org/10.1017/S0144686X12000797>

Provision for Older Men

Men's Sheds, which originated in Australia, have proved particularly popular on the island of Ireland.⁵⁰ They offer men a dedicated meeting place where they can get together to share knowledge and practical skills and learn new ones. They can enhance the health and wellbeing of members by providing health information, as well as

offering a 'therapeutic' space where men feel comfortable discussing health related matters. They can also help to combat social isolation or a loss of identity after retirement.⁵¹ A recent EC-funded project created a toolkit for working with older men based on best practice and developed a blended learning programme for them.⁵²



Learning through Positive Ageing Month

Each year in October, several thousand older people take part in Age-friendly Belfast's Positive Ageing Month, now in its fifth year. The month-long festival of events and activities celebrates the contribution that older people make to our city and provides opportunities for older people to have some new learning experiences. Some are taster sessions for longer-term learning programmes and we have found that trying an activity, or attending an event in Positive Ageing Month, can be a gateway for people developing new connections, engaging in new learning and taking steps to improve their wellbeing.

Events encourage wellbeing and reduce social isolation. Highlights have included arts and culture activities hosted by our flagship arts and heritage venues, an increasingly popular 'Slipped Disco', cookery demonstrations, shared reading and

history talks. There have been talks on a range of health and wellbeing issues, including eating well, women's health screening, energy efficiency and dementia awareness.

Promoting good mental health has also been a focus. The Age-friendly Belfast Convention in 2019 highlighted the Take 5 Steps to Wellbeing, provided taster sessions and provided links to ongoing programmes.

Participation is sought from as wide a range of older people as possible. We work through community contacts, age organisations, nursing homes, charities working with people living with disability, black and minority ethnic groups and people living with dementia. We also advertise our programme through Belfast City Council's City Matters magazine, radio programmes and social media.

⁵⁰ Carragher, L. and Golding, B. (2015). Older men as learners: Irish Men's Sheds as an intervention, *Adult Education Quarterly*, 65 (2), pp152-168.

⁵¹ Milligan, C., Payne, S., Bingley, A. and Cockshutt, Z. (2015). Place and wellbeing: shedding light on activity interventions for older men, *Ageing and Society*, 35, pp 129-149. <https://doi.10.1017/0144686X13000494>

⁵² Krašovec, S.J., Fragoso, A., Gregorčič, M. (2019). Editorial: Old guys say yes to community, *Studies in Adult Education and Learning*, 25 (2), pp3-18. <https://dx.doi.org/10.4312/as.2.3-18>

COVID-19

Covid-19 has been a real motivating factor in getting more older people online. From March 2020 we have been working to promote a range of online support programmes and through the Get IT programme we distributed 33 refurbished tablets to older people.

Positive Ageing Month looked very different in 2020 with restrictions on people meeting together. Whilst we can't replace physical connections, many older people were supported to engage through Zoom and we had an online attendance of over 200 at our launch event on 1 October.

Intergenerational Learning

Participation in intergenerational learning can help to banish isolation and to alleviate depression, improve mobility and increase self-esteem and a sense of subjective wellbeing. In Northern Ireland, Linking Generations Northern Ireland has been running since 2009.⁵³ Currently, the Beth Johnson Foundation in England is planning a 'Healthy Generations' project which will involve both old and young using the internet (with support) to learn new ways to improve health and wellbeing.⁵⁴ The advent of Age-Friendly Universities⁵⁵ also has the potential to enhance older people's sense of achievement and wellbeing through learning with younger generations.

Older People in Care Settings

There is good evidence that participation in arts activities can have a very positive impact on the physical health and wellbeing of older residents, including those with dementia.⁵⁶ Learning for the Fourth Age (L4A)⁵⁷ which operates on a small scale in England enables a trained volunteer mentor to work on a 1:1 basis with an older resident to encourage them to continue with, or take up, a particular interest using appropriate high-quality learning resources whilst also considering the resident's physical needs. Evaluation is invariably positive.

Older people's participation in learning

The latest survey of adult participation in learning (very broadly interpreted) in the UK sadly reveals the lowest participation

rates in the history of the survey although there are noticeable differences between the countries and regions of the UK. Participation has fallen by five percentage points among the retired and those aged 65+. The survey shows only 15% of those aged 65-74 and 6% of those aged 75+ had done any learning in the previous year (2018).⁵⁸ This is a pity in view of what is known about the health benefits of learning for older people especially as life expectancy is rising; by 2048, almost half the population in Northern Ireland will be aged over 50.⁵⁹ Yet opportunities to learn in later life are not equally distributed and older people often face a range of seemingly insurmountable barriers to their participation including cost.

Where is there good practice in later life learning?

What is good practice? A perspective developed several years ago suggested that it is important to:

- Consider later life learning within the framework of lifelong learning
- Recognise the diversity of older people, respect and value their individuality
- Challenge traditional stereotypes of later life
- Assume all older people are capable of learning
- Draw upon the energy and creativity of older people and make use of their life experience
- Make learning in later life visible
- Recognise that later life learning takes place against a rapidly changing world scenario.⁶⁰

53 Linking Generations Northern Ireland. (2020). Interim Evaluation of EngAge Together. <https://www.linkinggenerationsni.com>

54 <https://www.bjf.org.uk>

55 Montepare, J.M., Farah, K.S., Bloom, S.F., Tauriac, J. (2020). Age friendly Universities: Possibilities and power in campus connections. *Gerontology and Geriatrics Education* 41 (Issue 3) pp273-280 <https://doi.org/10.1080/02701960.2020.1726744>

56 See <https://www.artsincarehomes.org.uk>

57 <https://www.l4a.org.uk>

58 Learning and Work Institute. (2019). *Adult Participation in Learning Survey 2019*. <https://www.learningandwork.uk>

59 Queen's University Belfast. (2020). *About NICOLA*. <https://www.qub.ac.uk>

60 Withnall, A. and Percy, K. (1994). *Good Practice in the Education and Training of Older Adults*. Aldershot, Ashgate Publishing Limited.

Some examples of good practice

During its life, the European Commission's Lifelong Learning Programme (2007–2013) funded a range of international projects, many of which displayed elements of good practice. However, results were not always translated into sustainable action. More recent good practice can be observed in some Asian countries (bearing in mind the demographic challenges they face, the sometimes different aims of lifelong learning and the different cultural traditions and beliefs in respect of older people -Osborne and Borkowska 2017),⁶¹ and in Australasia. Two examples are:

Osan (South Korea) a global learning city ⁶²

Osan has been a member of the UNESCO Global Network of Learning Cities since 2016. Maintaining wellbeing in later life through learning is seen as vitally important and there are a range of learning opportunities available for older people.

Neighbourhood Houses in Australia ⁶³

Older people value learning in a Neighbourhood House as a space for flexible, friendly and socially inclusive, learner-centred education. Houses provide a variety of learning programmes for all ages, from informal courses to those offering formal qualifications, together with those concerned with the personal and social benefits of learning for health and wellbeing. Students' life experiences are seen as important.

What are the challenges of Covid-19?

Unfortunately, many of the learning opportunities formerly available to older learners across the world have been inevitably disrupted during 2020 by the

Covid-19 pandemic. Although levels of restrictions have varied between the four countries of the UK during 2020, life has been especially difficult for older people, particularly those experiencing loneliness. Fortunately, there has been plenty of online advice as to how to maintain physical and mental health during lockdown, especially for older people with underlying health conditions. U3A, Rest Less, the Women's Institute (WI) and an American site, GetSetUp, have all offered access to various short courses, online talks and practical activities, either free or for a small charge.

Will online learning be the future for older people? Whilst Covid-19 may have actually encouraged more older people to get online and introduced them to new ways of learning, it has been shown to have actually deepened the digital divide, in that those who do not have digital access are at even greater risk than previously of missing out on learning opportunities.⁶⁴ Age still remains the biggest predictor of whether or not a person is able to get online; in 2019, 3.7 million people over the age of 55 were among the four million who had never used the internet in the UK. They are also likely to be in poorer health, less well-off and less well-educated than their peers (ONS 2019).⁶⁵ A further range of complex barriers that some people in later life may face in getting online, including access to, and affordability of, equipment has also been identified.⁶⁶

What needs to be done?

Combat ageism

There is still evidence that ageism is rife within the UK. Often ageist behaviour and language is trivialised and the public have been found to be most ageist about appearance, memory loss and participation

61 Osborne, M. and Borkowska, K. (2017), A European lens upon adult and lifelong learning in Asia, *Asia Pacific Education Review*. Doi 10.1007/s12564-017-9479-4

62 City of Education, Osan (no date). *Whole Town is a School*. <https://www.osan.go.kr/osanedu>

63 Ollis, T., Ryan, C., Starr, S. and Harrison, U. (2018). 'Nothing to lose and everything to gain'. Neighbourhood Houses and later life learners, *Studies in the Education of Adults*, 50 (Issue 1) pp 19-38. <http://doi.org/10.1080/02660830.2018.1520539>

64 Centre for Ageing Better. (2020). How has Covid-19 changed the landscape of digital inclusion? *Briefing*. <https://www.ageing-better.org.uk>

65 Office for National Statistics. (2019). *Internet users, UK: 2019*. Available from <https://www.ons.gov.uk>

66 Centre for Ageing Better. (2020). *op.cit.*

in physical and community activities.⁶⁷ We should challenge ageism by stressing the visibility of older people in a range of learning contexts and publicising the impact on their health and wellbeing.

Clarify the relationship between learning and health/wellbeing

In tandem with the above, we need to develop a better understanding of what

processes and which outcomes of later life learning influence particular aspects of health and wellbeing for older individuals. Much of the activity reviewed here points to learning as a way to improve wellbeing; there is less emphasis on improving health and what is actually meant by those terms.



Lifelong Learning Through the Arts

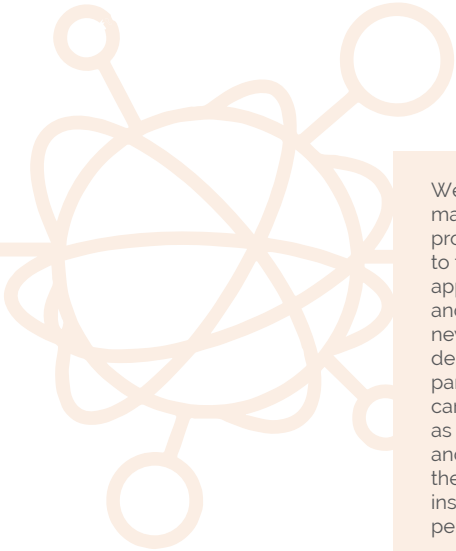
Older age, and particularly our perception of older age, should not be an obstacle to people living active and fulfilling lives.

In recognition of this, the Arts Council of Northern Ireland in 2010 developed the Arts & Older People's Programme with partners, The Baring Foundation and the Public Health Agency. Working with the health and social care services and local arts organisations, we have unlocked new ways to encourage active ageing and lifelong learning, of

challenging ageism and prejudice, and targeting some of the root causes of poor wellbeing and mental health, such as poverty, isolation and loneliness.

We faced some serious challenges, not least of which was the fact that 48 percent of over-65s in Northern Ireland were not attending arts events and 80 percent were not participating in any arts activity whatsoever. There was a widespread perception which we had to overcome, of the arts as 'not for me'.

⁶⁷ Royal Society for Public Health. (2018). *That age old question: How attitudes to ageing affect our health and wellbeing* <https://www.rsph.org.uk>



We trained artists to work with older people and made sure to involve older people in the planning process, to ensure that activities are tailored to their needs. We promoted a multi-sectoral approach, so that greater sharing of knowledge and resources would be encouraged and effective new partnerships and additional services be delivered. We work with a wide range of delivery partners - care providers, councils, health and care trusts and other related organisations, such as the Alzheimer's Society, Age NI, Men's Sheds and Northern Ireland Hospice. They have all seen their work uplifted and transformed by the creative inspiration of musicians, dancers, artists, circus performers and storytellers.

Over the course of the last decade, the Arts & Older People Programme has supported more than 150 projects, engaging 22,500 older people in arts activities ranging from intergenerational storytelling to yarn bombing, and even still

walking. The range of creative activities is as varied, diverse and surprising as the people who are taking part in them. We have challenged outdated and unhelpful stereotypes of older people and what they might be interested in, or indeed capable of doing, and the result, participants tell us, has been both liberating and empowering.

After taking part in the programme, over three-quarters of our participants told us that they wanted more to do with the arts and that they had gained the confidence to try new things, with more than half going on to join other groups and activities. The process of being involved in shared creative learning experiences led to the development of new skills, new friendships, new interests, and a renewed sense of direction and purpose in life. All of this, and all the while enjoying the kind of fun that only comes with being creative!

Understand how older people learn in different contexts

Research in psychology and neuroscience has long demonstrated that the brain has an amazing capacity to learn. However, we need to understand more about how different older people learn in different contexts especially where intergenerational programmes are involved or where activity is taking place in care settings when learners may be suffering from a range of physical and/or cognitive difficulties.

Revitalise community learning

The Covid-19 pandemic has played a part in reviving a sense of community. This may be the time to revive ideas about small community learning groups. Whilst dance and musical activities have been shown to be particularly appropriate for older people's physical health and sense of wellbeing, they should be able to explore broader related topics since many are well aware of the health advantages of keeping an active brain.

Embrace the digital revolution

As people remain for longer in the workforce, everyone will need to be digitally capable so that the majority of older people will eventually become familiar with at least the basics of digital technology. However, this does not solve the current problem of the digital divide. Learning Cities have begun to construct a grassroots movement in building learning networks across a particular region and it is to be hoped that the movement will spread to be inclusive of everyone.⁶⁸

Conclusion

It is now widely accepted that it is in everyone's interests that older people are enabled to experience good health and to remain independent and active for as long as possible. However, it must be stressed again that they should never be seen as a homogeneous group; considerable inequalities exist amongst them in many countries particularly in respect of health and wellbeing. Yet learning in different forms has

68 *Belfast a learning city. A learning charter for Belfast.* <https://www.makinglifebettertogether.com>

been shown to be one form of intervention that can help, in many instances, to prolong active life and promote wellbeing as people age.

Although we cannot assess what the impact of the changes brought about by Covid-19 will be, it can be predicted that, as better educated cohorts move into later life,

they may be more amenable to continue learning, since length of initial education and social class have long been known to be determinants of participation. Living through a pandemic has obviously also raised everyone's consciousness concerning the need to take care of health and wellbeing at any age, but especially in later life.

Adult Learning and Mental Health and Wellbeing



Tony Cassidy, Ulster University



Tony Cassidy

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Learning from whatever source provides the foundation for health and wellbeing. It enables the development of social and psychological capital, empowers individuals and communities, and creates resilience which underpins the ability to thrive and flourish in life.

There are startling statistics around mental health for NI. The 2008 world mental health survey showed that in Northern Ireland 23% met the criteria for a mental illness in the past year and 39% of the population had a mental illness in their lifetime. The rates of mental illness in NI are higher than any other region in the UK; and at least 25% higher than in England. In NI the legacy of violence and socio-economic factors are cited as major contributors to the high levels of mental illness, with deprivation being a major predictor of area level mental wellbeing. In NI deprivation, and high rates of mental and physical illness co-occur in the areas most impacted by the violence.⁶⁹

The need to address this debilitating situation has long been acknowledged, but the contribution which adult learning in its many forms can offer is not sufficiently recognised and supported. In 2020 the Covid-19 pandemic is exacerbating and increasing levels of mental illbeing and straining the resources of clinical and non-clinical services to respond.

Adult learning and mental health and wellbeing

UNESCO separates adult learning into formal, non-formal, and informal learning, a distinction that this article will use in evaluating evidence of impact.

Formal Learning

Formal learning for adults is exemplified by that provided in Further Education colleges and universities and leads to a formal qualification. The evidence is very clear that formal learning improves mental wellbeing⁷⁰ and that continuing in education is beneficial for adult mental health.⁷¹ It is suggested that education impacts on health and wellbeing in three main ways: through the creation of more wealthy individuals and societies, through enabling social networking and social relations, and through providing the individual with more effective personal resources to deal with life situations.⁷²

Education has the potential to enhance wellbeing through a combination of psychological and social capital. Engagement in learning involves cognitive and emotional investment, intrinsic motivation and a sense of control over the activities involved. This can be seen as a sense of belonging and identification with education as an endeavour and being embedded in a social network of learners.⁷³

69 O'Neill et al (2019) *Review of Mental Health Policies in Northern Ireland: Making Parity of Reality* p4 https://www.ulster.ac.uk/_data/assets/pdf_file/0004/452155/Final-Draft-Mental-Health-Review-web.pdf

70 Manstead, A (2014). The wellbeing effects of education: Evidence briefing. <https://esrc.ukri.org/files/news-events-and-publications/evidence-briefings/the-wellbeing-effect-of-education/>

71 Waller, R., Hodge, S., Holford, J., Milana, M. & Webb, S. (2018) Adult education, mental health and mental wellbeing. *International Journal of Lifelong Education*, 37:4, 397-400, DOI:10.1080/02601370.2019.1533064

72 Field, J. (2009) Good for your soul? Adult learning and mental wellbeing. *International Journal of Lifelong Education*, 28:2, 175-191. DOI: 10.1080/02601370902757034 and Higgins, C., Lavin, T., & Metcalfe, O. (2008). *Health Impacts of Education: a review*. Belfast. The Institute of Public Health in Ireland

73 Zepke, N. (2013). Lifelong education for subjective well-being: How do engagement and active citizenship contribute? *International Journal of Lifelong Education* 32(5): 639-651.

Unfortunately, these beneficial effects do not hold for all those entering formal learning.⁷⁴ This is a consequence of underinvestment in guidance support throughout education and, in particular, when transitioning into formal learning and out of education into work. Much has been done to support learners once they are in colleges and universities and the majority of adult learners in formal education flourish and have value added from their journey (thus empowering them to develop the resilience needed to succeed and gain life satisfaction and wellbeing), but there is still room for improvement. Adults returning to formal institutionalised learning later in life need to be offered greater support for this daunting transition, which can impact on personal and family wellbeing.

Non-Formal Learning

Non-formal learning refers to education that is organised and structured, but occurs outside of the formal educational system. Examples would be community adult education classes, fitness programmes and job-related training. Some qualification or award may be obtained, but it is not a necessary part of non-formal learning. Recent reviews suggest that in general workplace learning and adult learning interventions increase resilience and mastery of new skills and knowledge, and ultimately improve mental wellbeing.⁷⁵

Some authors conclude that participation in adult learning has significant benefits for mental health through increased life satisfaction and self-confidence, and reduced experience of depressive symptoms.⁷⁶ Older adults who engaged in evening classes showed improvements in

life satisfaction and quality of life generally. Other research demonstrates improved life satisfaction, self-confidence and general wellbeing.⁷⁷ A review of the evidence on job-related training concludes that in general it increases job satisfaction and ultimately life satisfaction and wellbeing.⁷⁸

There are some excellent initiatives in the public and community/voluntary sectors in NI which both directly support recovery and progression for those with mental health challenges and contribute to a greater understanding of mental health and wellbeing generally, e.g.:

- **Action Mental Health** changes the lives of those living with mental ill health and promotes resilience and wellbeing,
- **Aware** delivers mental health and well-being programmes into communities, schools, colleges, universities and workplaces,
- **Belfast Trust's Here4U** programme supports its staff to access activities aimed at stress reduction and physical/mental health and well-being, and **Belfast Metropolitan College** offers similar learning support services,
- **Sport NI** coordinates a number of sport and exercise-based interventions for mental health.

Sadly, excellent initiatives, can fall by the wayside due to lack of resources, short-term funding, or changes in policy priorities. An example is the decline in Family Learning in Northern Ireland (unlike in other parts of the UK), despite the valuable contributions it can offer. Research provides evidence for the wider benefits of family learning with impacts on adult confidence, self-esteem, motivation, self-efficacy, parenting skills and practices,

74 Field, J. (2009) Good for your soul? Adult learning and mental wellbeing, *International Journal of Lifelong Education*, 28:2, 175-191. DOI: 10.1080/02601370902757034

75 Learning & Work Institute (2018) *Healthy, Wealthy and Wise: The Impact of Adult Learning Across the UK 2015-2017*. and UNESCO - United Nations Educational, Scientific and Cultural Organization (2016). *Global Report on Adult Learning and Education*. UNESCO Institute for Lifelong Learning, Feldbrunnenstrasse 58, 20148 Hamburg, Germany.

76 Dolan, P., Fujiwara, D., and Metcalfe, R. (2012) *Review and Update of Research into the Wider Benefits of Adult Learning*, BIS Research Paper Number 90.

77 Watson, D., Tregaskis, O., Gedikli, C., Juwe, S., and Semkina, A. (2017) *Adult Learning and Wellbeing: A systematic review*. London: What Works Wellbeing, Briefing. <https://www.whatworkswellbeing.org/product/adult-learning-briefing/>

78 Tregaskis, O. & Nandi, A. (2018) *Adult education and Life Satisfaction*. London: What Works Wellbeing, Briefing. <https://whatworkswellbeing.org/wp-content/uploads/2020/01/Adult-learning-life-satisfaction-Dec-2018-2.pdf>

health and wellbeing, employability, progression to further learning, involvement in culture and sport, as well as social impacts, such as improved integration and community involvement (Ofsted. 2009).⁷⁹

These are just a sample of initiatives which attest to the range and quality of activities in community and adult learning in NI which contribute to the improvement of our society's mental wellbeing.

esc films

esc films is a Belfast-based arts education charity working with people on the margins. They specialise in mental health and believe in the power of education to create change, to challenge thinking and to transform lives. They build trust with participants in order to turn their stories into powerful, compelling films. The 2020 Baring report identified esc films' work as an example of best practice, impacting positively on participants' mental health and wellbeing.

esc films' flagship project, Second Chance for Change, has proven hugely successful in empowering people with severe and enduring mental health problems, including those with involvement in the criminal justice system. esc films uses group work and creative storytelling to take participants on a journey through their own lives, giving them new perspectives to enable them to make real and lasting changes themselves.

esc films' courses are co-designed and co-produced with the participants through dialogue. Their work is based on Augusto Boal's Theatre of the Oppressed and Paulo Freire's Pedagogy of the Oppressed, valuing the lived experience of those involved. They believe this is critical to the success of the courses and the impact that the creative process has on the adult learners.

The accompanying graphic summarises the major Impacts for participants and the health and social care system. These impacts show a profound improvement in the mental health of participants.

G: It's like getting a load of bricks lifted off my shoulders. I've written instead of self-harming. I've swapped blood for Ink. (G had a 75% reduction in crisis visits to A&E through self-harm over the 6 months of the course, compared to previous 6 months)

P: I've realised crime isn't for me, drugs isn't for me. If it [my film] stops one person getting killed I would be really proud of myself.

esc films' work shows a symbiotic relationship between learning and mental health. Participants focus on learning about themselves, their lives, decisions and journeys, as well as on the practicalities of film-making. Over the past decade, esc films has witnessed the unexpected positive side effects of the creation of a therapeutic learning community, where isolated individuals can find a safe space to learn new skills, but also learn how to build and sustain friendships. Often for participants, this positive experience opens up the door to other educational opportunities, setting learners on a new path.

Our impact

ESC is an award-winning charity transforming the lives of socially-excluded people through film-therapy. We create tailored projects with partners to help our participants make real and lasting changes in their lives. Some of these changes are outlined below:



⁷⁹ Boxford, S. King, Y. Irani, M. Spencer, H. Bridger-Wilkinson, E. Barker, S. & Hill-Dixon, A. (2017). *Evaluation of the Family Learning Intervention Programme (FLIP): Research report*, Department of Education, www.gov.uk/government/publications; Doherty, S & Ferguson, B. (2016). *Review of Family Learning: Supporting Excellence and Equity*. The Scottish Government. <https://education.gov.scot/improvement/Research/review-of-family-learning> Ofsted. (2009). *Family Learning: An evaluation of the benefits of family learning for participants, their families and the wider community*, 080265. London

Informal Learning

Informal learning refers to incidental learning outside of organised programmes and includes general life experience, leisure pursuits and hobbies.⁸⁰ Evidence suggests that leisure pursuits and hobbies increase life satisfaction and ultimately mental wellbeing.

Wellbeing includes 'being able to influence one's own destiny and social competence'.⁸¹ Arguably wellbeing includes 'acting well, thinking well, and feeling well',⁸² which suggests that social participation and

contributing to community and society are part of our sense of wellbeing. This route through what is referred to as 'active citizenship' provides a roadmap towards wellbeing from education.⁸³ It is suggested that the acquisition and use of social capital are important reasons for engaging in active citizenship.⁸⁴ There are many organisations and programmes in NI which can demonstrate the benefits of active citizenship e.g. community development and good relations programmes and the work of organisations such as Volunteer Now and Age NI.

Belfast Recovery College

Belfast Recovery College is a centre of educational excellence for Mental Health Education. It began with a compelling vision to make opportunities for mental health education accessible to everyone in Belfast, to improve the mental health and wellbeing of all - staff, carers, service users, friends and family.

We were committed to placing the Belfast Recovery College in the heart of the Belfast community. We aspired to involve people from the community with lived experience of mental health (Peer Educators) together with mental health professionals (Professional Educators), to share their expertise together to inspire hope, promote control and give opportunities for learning about mental health recovery. Using this strength-based approach, our courses enable our students to pursue their aspirations, so that they can participate as equal citizens in economic, educational, social inclusion and family life.

The ethos and commitment of our Peer and Professional Educators have led to numbers rising from 40 students in 2016 to 2633 in November 2020. Our dedication and innovative approach have been widely recognised by various awards, including becoming the first Recovery College in the UK to receive Gold Star CPD Accreditation Award.

The following achievements are a celebration of learning together, as peer, professional and student having those compassionate open conversations to enhance health and wellbeing and learning for all.

- 430 students attended WRAP Level 1 (Wellness Recovery Action Plan) courses and can now provide Well-Being Plan sessions to others on a one-to-one basis;
- A peer student placement, coaching and mentoring programme was developed with Action Mental Health. Twelve students gained employment as peer support workers in the Belfast HSCT, returned to education, employment, voluntary work and engaged with family social supports;
- 110 students achieved an OCN Level 2 in Advocacy. We are training Peer Educators to advocate for themselves and others who cannot speak for themselves and to engage in improving services for society.
- *'As a Staff Educator, I no longer see the student as a patient on the course. I have a different role as an educator. Staff, carers, families, friends learning together – we are all students. I have had a real awakening.'*



80 Tregaskis, O. & Nandi, A. (2018) Adult education and Life Satisfaction. London: What Works Wellbeing, Briefing. <https://whatworkswellbeing.org/wp-content/uploads/2020/01/Adult-learning-life-satisfaction-Dec-2018-2.pdf>

81 World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice*. Melbourne: World Health Organization.

82 Gill, S. (2009). *Education for well-Being: Conceptual framework, principles and approaches*. Retrieved from http://www.ghfp.org/Portals/0/documents/Gillo9_Conceptual_framework_EducationWellbeing.pdf

83 Zepke, N. (2013). Lifelong education for subjective well-being: How do engagement and active citizenship contribute? *International Journal of Lifelong Education* 32(5): 639–651

84 Biesta, G. (2005). The learning democracy? Adult learning and the condition of democratic citizenship. *British Journal of Sociology in Education*, 26(5), 687–703.

Resilience

Adult and lifelong learning builds resilience and building resilience is central to the development of positive wellbeing.⁸⁵

'Resilience is both the capacity of individuals to navigate their way on the psychological, social, cultural and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.'

This fits well with the Broaden and Build theory of emotions.⁸⁶ This is an influential theory which has produced evidence that the creation and expansion of positive emotions starts a chain of events which enhance learning, creativity and skill building.⁸⁷ Interventions based on this model have demonstrated positive impacts on wellbeing in families, on work engagement, and on a range of groups and communities.⁸⁸

Since 2009 the University of Pennsylvania has been running a comprehensive programme of training in the development of resilience with the US Army and their families.⁸⁹ The evidence is unequivocal that the programme is effective in building resilience and leading to better mental wellbeing, and, through the provision of psychological capital, can produce post traumatic growth. In other words, it helps prevent the negative impact of trauma

and enables positive coping and the further development of psychological resources. The approach is built on the wellbeing theory which comprises five measurable elements - positive emotions, engagement, relationships, meaning and purpose, and accomplishment (PERMA).⁹⁰ The interventions draw on the Broaden and Build theory described above and involve a focus on positive emotions in the early stages of the programme. Resilience training has proven effective in a wide range of areas including education, health, older adults, children and communities.⁹¹

In Lincolnshire, UK, the Building Resilience in Communities (BRIC) project offers support to families who are struggling with illness, disability, or other problems, enabling not just individuals, but the whole community to benefit from resilience.⁹²

These national and international programmes involve adult learning around the skills and knowledge that underpin resilience and ultimately mental wellbeing. Not only do they prevent poor mental health, they also build positive mental health. There has been limited use of these approaches in NI, but they could usefully inform the further development of excellent work already in place and the development of new adult learning interventions. Given the high instances of PTSD in NI such interventions should be given strong consideration for the contribution they could offer.

- 85 Steven M. Southwick, George A. Bonanno, Ann S. Masten, Catherine PanterBrick & Rachel Yehuda (2014) Resilience definitions, theory, and challenges: interdisciplinary perspectives, *European Journal of Psychotraumatology*, 5:1, 25338, DOI: 10.3402/ejpt.v5.25338
- 86 Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology*, 2, 300-319; Fredrickson, B. L., & Branigan, C. A., (2005). Positive emotions broaden the scope of attention and thought-action repertoires. *Cognition and Emotion*, 19, 313-332; and Fredrickson, B. L., Tugade, M. M., Waugh, C. E., & Larkin, G. (2003). What good are positive emotions in crises? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology*, 84, 365-376
- 87 Cohn, M.A., Fredrickson, B., Brown, S.L., Mikels, J.A., & Conway, A.M. (2009). Happiness unpacked: positive emotions increase life satisfaction by building resilience. *Emotion*, 9 3, 361-8; and Garland, E. L., Fredrickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. *Clinical Psychology Review*, 30(7), 849-864. <https://doi.org/10.1016/j.cpr.2010.03.002>
- 88 Waters, L. (2020) Using positive psychology interventions to strengthen family happiness: A family systems approach, *The Journal of Positive Psychology*, 15:5, 645-652, DOI: 10.1080/17439760.2020.1789704; and Knight, C., Patterson, M., and Dawson, J. (2017) Building work engagement: A systematic review and metaanalysis investigating the effectiveness of work engagement interventions. *Journal of Organisational Behaviour*, 38: 792- 812. DOI: 10.1002/job.2167
- 89 Casey, Jr., G.W. (2011). Comprehensive Soldier Fitness: A Vision for Psychological Resilience in the U.S. Army. *American Psychologist* (66), 1, 1-3; Peterson, C., Park, N., & Castro, C.A. (2011). Assessment for the U.S. Army comprehensive soldier fitness program: Global assessment tool. *American Psychologist* (66), 1, 10-18; and Reivich, K.J., Seligman, M.E.P., & McBride, S. (2011). Master resilience training in the U.S. Army. *American Psychologist* (66), 1, 25-34.
- 90 Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and wellbeing* Free Press, New York
- 91 <https://www.authentic happiness.sas.upenn.edu/>
- 92 https://lincolnshire.fsd.org.uk/kb5/lincs/fsd/service.page?id=8RPG2Abvz7l&familychannel=2_9_9_24

Covid-19

The full consequences of the Covid-19 pandemic on mental wellbeing will not be measurable for some time, but already there is evidence of how it is impacting. Amongst the supports that will be needed by GPs to manage referrals will be communication of the community and other learning resources available – social prescribing services will become increasingly important (see the SPRING Social Prescribing case study).

The pandemic has also highlighted the need to find other ways of delivering or facilitating adult learning through virtual media.⁹³ Many of the examples of resilience building outlined above have been successfully delivered through virtual media and most others could be adapted.

A number of empirical reviews attest to the efficacy of online delivery.⁹⁴ In particular there is a growing evidence base for online interventions with older adults.⁹⁵ These authors tested four interventions in a sample of 50-79 years old adults and found that they were effective in increasing happiness and reducing depression.

Recommendations

Adult learning has a great potential to improve mental wellbeing and in many cases this potential is realised. Lifelong learning, providing more informal educational opportunities outside of the formal education system, is not only important, but

brings many benefits. As in the examples outlined above and elsewhere in the report, it has the potential to improve the lot of both individuals and communities in many ways.

While there has been extensive research into the mental health and wellbeing benefits of learning, there is still more to be learned. We need to know what elements of learning are beneficial, who they benefit, what more could be done to engage those who are currently excluded, and what programmes might successfully provide that inclusion. It is important that we look outside Northern Ireland and draw on the good practice available. Adult learning that contributes to resilience will enhance mental wellbeing and if it can adopt an ecological approach to resilience building, it will enhance community resilience as well.

Participating in adult learning is found to have significant positive effects on individual health, employability, social relationships, and the likelihood of participating in voluntary work. In turn these four domains have positive impacts on individual and community wellbeing.⁹⁶ As we move into different ways of living, whether brought about by events such as the COVID pandemic, or the need to create more sustainable environments, it would be very wise to invest in increasing educational and learning opportunities across all aspects of society.

93 <https://www.engageinlearning.com/>

94 Cunha LF, Pellanda LC, & Reppold CT. (2019). Positive Psychology and Gratitude Interventions: A Randomized Clinical Trial. *Frontiers in Psychology*, 21(10): 584. DOI: 10.3389/fpsyg.2019.00584. PMID: 30949102; PMCID: PMC6437090.

95 Proyer, R. T., Gander, F., Wellenzohn, S. & Ruch, W. (2014) Positive psychology interventions in people aged 50–79 years: long-term effects of placebo-controlled online interventions on well-being and depression, *Aging & Mental Health*, 18:8, 997-1005. DOI: 10.1080/13607863.2014.899978

96 Fujiwara, D (2012). *Valuing the impact of adult learning: An analysis of the effect of adult learning on different domains in life*. Leicester. National Institute of Adult Continuing Education.

Work, Wellbeing and Workplace Learning in a time of Global Pandemic



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Workplace learning

Over the past few decades there has been growing evidence of the benefits of workplace learning, but too often workplace learning is seen purely as the acquisition of work-related skills and deployed where there is the quickest return on investment, which only serves to widen existing inequalities in the labour market. Examples of innovative and effective workplace learning provision that is more expansive shows us that participation in workplace learning can address inequality, engagement at work and promote health and wellbeing. This paper sets out the current position, highlighting how workplace learning can be a force for social justice, wellbeing and hope, and it will explore how the global pandemic of 2020 has been an economic and social shock to work and workplaces, highlighting the depth of inequality in our society and changing how many of us want to think about our work, lives and wellbeing. All of this has created immediate challenges for workplace learning, but also opportunities to think about how learning shapes our lives and work.

Work, or lack of, is one of the key determinates to how we thrive and survive in this world. It enables us to accrue financial, psychological and social capital in our lives, which in turn impacts on our health and wellbeing. Education and workplace learning impacts on our work and wellbeing through

mediating factors such as qualifications and skills, earning capacity, status, identity, security and choice, as well as purpose, meaning and hope in life. This dynamic is complex and dependent on changes in the labour market such as technological advances and economic and business decisions.

Challenges

The *Healthy, Wealthy and Wise* report⁹⁷ identified the inequality and challenges of the labour market underpinned by regional disparities that a workplace learning strategy needs to address, namely:

- Fair work: while more people are in work and economically active, there is a rise in insecure work.
- Skills mismatch: indicated by the number of hard-to-fill vacancies because of skills shortages and the skills gap experienced by employers and the number of graduates over-qualified for the work they do.
- Productivity: the relatively low output per hour in the UK, caused by not having the right staff with the right skills, coupled with long hours, poor job quality and the rise in absence due to work related stress.

These challenges remain, but in 2020 Covid-19 has struck with alarming speed magnifying the challenges and exposing inequality, systemic failure and complexity

⁹⁷ Learning and Work Institute (2017) *Healthy, Wealthy and Wise: The impact of adult learning across the UK* <https://learningandwork.org.uk/resources/research-and-reports/healthy-wealthy-and-wise-the-impact-of-adult-learning-across-the-uk/>

to an even greater degree. Though tragedy and trauma have affected so many, and will continue to do, it has also been the cause for individual reflection about what we want and what is important in our lives and our work. Research is giving us data on the impact of Covid-19, but it is in the emerging reports and stories of the impact on the ground that we are beginning to see how our working lives have shifted in 2020. There are considerable challenges, but there may also be opportunities. Workplace learning can be a force for social change, so how do we respond to this shift, to the challenges and opportunities and create hope, fairness and resilience at work?

Intersectional inequality

The Covid-19 pandemic has had a greater impact on low-pay workers, leaving them in a

much more precarious position in the labour market. As Covid-19 took hold, the economic impact of lockdown was concentrated in shut-down sectors, such as retail and hospitality. Workers in those sectors are disproportionately women, younger people and/or Black or Asian people. The Learning and Work Institute (LWI) report *The impact of the coronavirus outbreak on London's low paid workers*⁹⁸ highlights the intersectional inequality resulting in low-paid workers seeing a reduction in their household incomes and increased worry about keeping their jobs. Low-paid workers are more likely to be women, younger workers, migrants and people of Black or Asian heritage. Financial hardship and loss of employment will fall hardest on these groups, which will impact on the mental health and wellbeing of individuals.



Here4U

Within the Belfast Health and Social Care Trust, lifelong learning is supported and encouraged, both formally and informally. Whilst formal learning will ensure a new qualification is obtained, or promotional prospects are increased, informal learning is equally as important and encouraged to increase personal, professional and mental stimulation. The Trust, as an employer of over 22,000 staff, believes it is important that staff continue to develop and grow both on a professional and personal level.

The Trust's Here4U activities are a means by which our staff continue to learn, albeit in an informal manner. Here4U offers an extensive range of free activities for staff, to support and enable good spiritual, physical, emotional and mental health and wellbeing. Developing a new skill helps you learn things faster over time. Learning keeps your mind engaged and your body active.

Here4U activities are open to all Belfast Trust staff of all ages, genders, and abilities and are free of charge. An extensive range of activities are on offer including pilates, football, choir, zumba, boxing, tabata, yoga and spin. Skill-based activities, such as flower arranging, car mechanics,

photography, guitar lessons and dance are also offered. In addition, staff can attend taster sessions of furniture up-cycling and mindfulness. Our staff are all encouraged to attend a new class, learn a new skill and have fun!

The demand for places in each activity often outstrips supply, which is a great indication of their popularity. The most recent evaluation showed that 564 staff registered to take part in 24 different Here4U activities and 458 staff members were granted a place.

Participants were asked if there had been any benefits from participating in the programme.

83.44% confirmed that the activity helped to de-stress

80.25% confirmed that the activity helped to improve their physical health

68.15% confirmed that the activity helped to improve mental health

52.23% stated that they benefited from learning something new

28.66% stated the activity helped to make new friends.

98 <https://learningandwork.org.uk/resources/research-and-reports/the-impact-of-the-coronavirus-outbreak-on-londons-low-paid-workers/>

Wellbeing

The Centre for Mental Health estimates that in England up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis.⁹⁹ Those most at risk include people with existing mental health conditions, NHS workers, ICU patients and their families, those who have been bereaved and those affected by unemployment. The Centre predicts that this figure may rise when the unequal effects of the pandemic on people of Black, Asian, mixed and minority ethnic heritage, on care homes and on people with disabilities, become clear. Research on the impact of Covid-19 in Northern Ireland, where it is estimated that mental health problems are 20-25% higher than in the rest of the UK, highlights similar at-risk groups and specifically pressurised health and social care staff.¹⁰¹

Wellbeing of the workforce to meet the wellbeing needs of the community will require more expansive, joined up and creative approaches to workplace learning than existed pre-pandemic.

Workplace

Technology had already begun to blur the distinction between work and home, but Covid-19 has completely blurred this distinction for millions, because of homeworking, as people have set up workstations in living rooms and bedrooms. This has proved a mixed blessing. A Unison survey of 8,825 public service workers found that nearly 6 in 10 felt home working was of no risk to their health, safety and wellbeing. The respondents thought they were more productive, they valued not having to spend hours travelling to an office, and they had gained a new work-life balance.¹⁰² For others, homeworking has been more challenging, citing space to work, loneliness, not having a safe workstation and developing back and joint pain, insufficient technology and devices to work on, juggling childcare and removal of reasonable adjustments. Women, young people and people with disabilities have been particularly challenged, which has adversely impacted on their wellbeing.

The divide between work and home has become obscured and this has implications for workplace learning and wellbeing.

GRAHAM: a construction site case study

GRAHAM is a leading specialist in Construction, Fit-Out and Facilities Management Projects based in Hillsborough, Northern Ireland, with over 2200 employees, based in 14 cities and 150 sites across the UK and Ireland.

Traditionally, the focus in construction was more on-site safety matters, but attitudes are now changing, as the industry is increasingly realising that issues of health and wellbeing are just as important.

With a strong person-centred approach, GRAHAM is proud to have achieved industry accolades for a number of highly successful wellbeing initiatives,

ranging from a dedicated wellbeing hub portal, wellbeing awareness campaigns and challenges, support helplines, and the innovative face-to-face personal health and wellbeing development programme, Connect Plus.

Whilst our direct staff have the benefit of extensive and accessible corporate wellbeing initiatives, 80% of our business is delivered by our supply chain on our sites. Therefore, widening our culture of learning and wellbeing for all operatives on has always been seen as an important challenge to overcome.

Learning & wellbeing engagement opportunities on project sites include:

- Confidential dedicated on-site face-to-face support

99 https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth_CovidInequalities_0.pdf

100 Health and Social Care Board *The Mental Health Impact of the COVID-19 Pandemic in Northern Ireland. A Rapid Review* July 2020 <https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-impact-covid-pandemic.pdf>

101 <https://www.unison.org.uk/news/article/2020/09/homeworking-versus-office-isnt-straightforward-choice/>

- Links to helplines and external support for more sensitive issues to allow for discreet engagement
- Tool Box Talks on sites delivered by local wellbeing specialists
- Health checks and ongoing support services available onsite
- Promotion of online/e-Learning resources for independent learning.

one study, where Construction operatives were asked about a health 'MOT' check, we were able to look at both immediate and longer-term impacts on individuals of preventative health checks and explored reasons for non-participation. Recommendations highlighted the importance and effectiveness of different forms of adult learning in widening participation to wellbeing

initiatives. These include recognising different learning preferences and overcoming the 'fear factor' as a prominent barrier to participation in health checks through:

- Providing promotional information in understandable terms to convey the realities of what the checks involve, the benefits of participation and why early prevention should be considered.
- Using peer role models, and/or anonymised industry success stories.



An immediate response to Covid-19

When Covid-19 hit adult education's traditional provision was forced to close. The response from providers was rapid, and focussed on maintaining a learning offer, getting learners to the end of courses and allowing them to return safely to places of learning.

Providers immediately leapt into action to put many courses online, often involving upskilling themselves to deliver teaching and learning online and to maintain the quality of the experience. This has been a massive workforce development task for the whole adult education sector. Delivering online learning is not without challenges, driven by socio-economic inequality and a digital divide. Staff, more often those on lower pay, and learners did not always have access to the technology to teach, or to learn. Mental wellbeing at work became an even greater concern for some providers. Unison – the public service union - has issued, through their learning and development team, a range of training to staff and members to support wellbeing, to cope with homeworking and the pressures of supporting frontline staff.

Initiatives were taken to use furlough time productively and prepare for the future. Unionlearn has launched a Learning@Home campaign to encourage and support union learners to improve their skills during lockdown, and to use time positively. Courses offered include English, maths, digital skills and green skills, backed by careers advice and skills checks. Their Skills and Recovery campaign will develop this further to protect workers from the precariousness of low skills and skills mismatch, as some sectors shrink and lay people off.

The shifting demographics in the workplace also made a significant impact. Older workers, along with those who have underlying health conditions, have been

particularly at risk during the pandemic. Within the adult learning sector, which has an ageing workforce, staff that have greater physical contact with learners, such as Learning Support Assistants, have had great anxiety about coming back to work. Evidence of experienced staff resigning is emerging and providers are having to think about how to support staff suffering anxiety, to offer flexible working and to recruit new staff laid off from shutdown sectors. In other sectors, such as retail, where older people were valued, they may now be seen as risky to employ.

Adult learning responding to the impact of Covid -19

As Covid-19 continues and the impacts unfold, workplace learning has to find a way not just to respond to immediate challenges, but to help shape a post-pandemic future and support people in, and into, work. Could we even shape a better future?

Our response to the labour market challenges must take a more intersectional approach to the skills agenda. Being low skilled, or being in work classed as low skilled, has always left individuals vulnerable to labour market fluctuations, which have only been amplified by the impact of the current crisis. Workplace learning must tackle the challenges of intersectional inequality within our workplaces. These are complex structural challenges for which there is no one solution, but by working in collaboration, through co-creation and drawing on a diverse spectrum of voices and experiences, workplace learning can play a crucial part.

It is likely that issues of wellbeing in the workplace will become heightened, as there is pressure by employers to recover financial losses, an increased likelihood of redundancies, greater numbers of workers who have experienced trauma, and an

increase in homeworking. Workplace learning professionals will need to work in partnership with employers to ensure equity of access to a range of workplace learning opportunities, such as flexible working and digital access, and an upskilling of workplace learning professionals to deliver good quality learning. We will need to ensure that the unanticipated learning outcomes and the social aspects of learning are not lost as we move more to online and blended learning opportunities.

Conclusion

Examination of best practice in workplace learning has shown that it can deliver much wider benefits than just the acquisition of narrow work or task-related skills. At its best, workplace learning provision can promote greater engagement at work, provide the means to address the many inequalities which remain in the workplace and also promote health and wellbeing.

The *Healthy, Wealthy and Wise. Implications for Workforce Development*¹⁰² report argues that the potential impact of workplace learning could be greatly enhanced with more joined-up, collaborative and asset-based approaches. It also advocates for a

model of systems thinking, based on years of work, study and observing where and how adult learning drives social change and social justice.

The Covid-19 pandemic has had a profound impact on working practices. It has amplified the inequalities and adversity facing many people and communities and blurred the boundaries between work and wellbeing, and work and home. As well as the many challenges to be faced, there are also opportunities, such as the benefits of working from home and the potential for online learning.

Workplace learning can have an important role in helping the social and economic recovery from the effects of the pandemic. We must learn from the good practice which has been identified and documented, and develop more joined-up and collaborative approaches. Adult learning professionals in workplace learning need to work in partnership with employers, health providers, communities, voluntary sector providers and local authorities, so that workers can have ready access to learning opportunities which address the needs of skills, productivity, opportunity, equality and health and wellbeing.

¹⁰² Learning and Work Institute (2019) *Healthy, Wealthy and Wise: implications for workforce development* <https://learningandwork.org.uk/resources/research-and-reports/healthy-wealthy-and-wise-implications-for-workforce-development/>

Adult Learning and Physical Health and Wellbeing



Anita Yakkundi and Mark A. Tully, Northern Ireland Public Health Research Network and School of Health Sciences, Ulster University



Dr Anita Yakkundi is the Network Coordinator for the Northern Ireland Public health research network (NIPHRN) at the School of Health Sciences, Ulster University. Her research focusses on education and skills development for disadvantaged

communities and strongly advocates for multiagency collaboration, applying research to practice for health and wellbeing programmes. health and also overall wellbeing.



Professor Mark Tully is the Director of the Institute of Mental Health Sciences, a Professor of Public Health at Ulster University and the Director of the NIPHRN. His research focuses on addressing levels of physical inactivity and sedentary behaviour,

which are major causes of poor physical and mental wellbeing. This includes developing interventions targeting older adults and socio-economically disadvantaged communities.

The wider impact of adult learning on physical health and wellbeing

*'Physical well-being is defined as the ability to perform physical activities and carry out social roles that are not hindered by physical limitations and experiences of bodily pain, and biological health indicators.'*¹⁰³

Adult learning can have indirect effects on physical wellbeing by improving social capital and connectedness, skills and employment outcomes and health behaviours.¹⁰⁴ Health behaviours account for 30% of an individual's physical health¹⁰⁵ and lifelong learning can directly or indirectly affect health behaviours. In addition, intergenerational benefits can be observed in the health and education of children whose parents engage in learning and educational programmes.¹⁰⁶

Longitudinal studies have shown a positive relationship between adult learning and individual health and well-being outcomes

such as life satisfaction, reduced depression, uptake of preventative healthcare, reduced risk of coronary heart disease and reductions in drug abuse.¹⁰⁷ Increased uptake of exercise has been reported for individuals participating in at least one academic or vocational course. Feinstein and Hammond also report that amongst adults participating in one or two courses there can be a 7% probability of smoking cessation, which would equate to a significant public health outcome. A study carried out using the British Household Panel Survey estimated adult learning to be associated with a 2.2% increase in the uptake of the cervical smear test, lowering the incidences of cervical cancer with early intervention.

Adult learning also contributes to individuals' self-management of illnesses¹⁰⁸ such as diabetes and obesity. The cost to the NHS of diabetes and its related complications is estimated at £14 billion a year, which also include the costs of absenteeism and early

103 Capio C.M., Sit C.H.P., Abernethy B. (2014) Physical Well-Being. In: Michalos A.C. (ed) *Encyclopedia of Quality of Life and Well Being Research*. Springer, Dordrecht. pp. 209. https://doi.org/10.1007/978-94-007-0753-5_2166

104 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356063/Review4_Adult_learning_health_inequalities.pdf

105 Chandola, T. et al (2011). *International Journal of Epidemiology*, 40(6), pp. 1499-1509.

104 OECD, 2016. <http://www.oecd.org/global-forum-productivity/library/The-Productivity-Inclusiveness-Nexus-Preliminary.pdf>

106 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/635837/Skills_and_lifelong_learning_-_the_benefits_of_adult_learning_-_schuller_-_final.pdf

107 Feinstein, L. and Hammond, C. (2004). *Oxford Review of Education*, 30(2), pp 199-221.

retirement¹⁰⁹, while the overall cost of obesity to the NHS is estimated at £27 billion.¹¹⁰ Both are also among the factors contributing to the vulnerability of individuals to Covid-19.¹¹¹

The prevalence of long-term illness increases with age and adult learning to build self-management knowledge and skills becomes increasingly important. The self-management of illness includes a range of activities, such as monitoring of physical indicators and symptoms, managing nutrition, diet and exercise routines,

medication regimens, as well as adjusting to the psychological and social demands. Adult learning which empowers people to manage their conditions better, promotes wellbeing and eases the burden on the health services.

The wider impact of adult learning on mental health and wellbeing and in fostering a sense of purpose and identity has been shown. This is observed more so in older adults, in whom it has been implicated with a delay in the onset of dementia.¹¹²

Diabetes Prevention Programme (DPP) NI

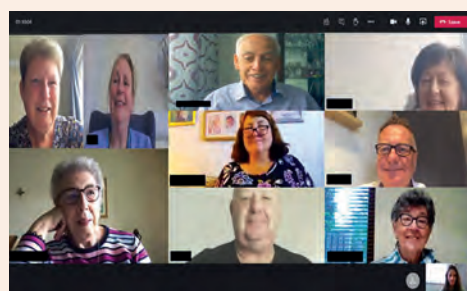
Approximately 96,000 people are living with diabetes in Northern Ireland: Type 2 Diabetes accounts for 90% of all cases. However, it is often preventable by adopting healthier lifestyle changes.

DPP NI is a group behaviour change programme aimed at people who have been identified as pre-diabetic by their GP, practice nurse or pharmacist. By making simple changes to lifestyle; losing weight, adopting a healthier diet and increasing physical activity, people can prevent a Type 2 Diabetes diagnosis, or at least learn to postpone it significantly.

Each session focuses on a different topic, based on the above-mentioned lifestyle changes, the delivery of these sessions centre on group discussion and peer support. Service users set their own health goals and plans for change. They can monitor their progress with tools and resources provided such as, pedometers and food diaries.

The design of the programme journey means key behaviours become embedded in clients' routines. Opportunities to re-visit motivation and awareness of psychological barriers has led to increased self-management skills.

The programme provides a valuable social network element due to the group environment, inclusive practice and the opportunity for clients



to learn from one another. The programme also provides social networks for potentially isolated people or minority groups.

Participants reported improvements in nutrition knowledge and skills, such as; diversity of food groups, recommended portion sizes, interpreting food labels and cooking.

Participants have become more physically active through everyday activity and increasing their step count. This has led to improvement in physical health and also overall wellbeing.

Additional benefits included connectivity and access to drug/alcohol support, mental health services and referral to GPs for specialised support. Participants also reported that as a consequence of them adopting the positive health behaviours the learning cascaded to their family members.

109 Sabates, R., and Feinstein, L. (2006). Education and the take-up of preventative health care. *Social Science and Medicine*, 62, pp 2998-3010.

110 <https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2>

111 <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

112 Rossor, M. and Knapp, M. (2015) *The Lancet*, 386 (9997). pp. 1008-1010. ISSN 0140-6736

The importance of physical activity and targeted interventions

As physical activity decreases with the onset of sedentary behaviour, it adds to the economic costs of the UK health systems.¹¹³

There is a significant gap in life expectancy between those living in the most disadvantaged areas of Belfast and those living in the least disadvantaged areas.¹¹⁴ Addressing this gap by targeted interventions in physical activity, including a broad range of learning interventions, would help to reduce health inequalities.

Affecting behavioural change is a core focus for learning interventions for physical wellbeing using the learning principles of motivation, assessment of capability and opportunity to trial the new learning behaviours.¹¹⁵

The *Active Belfast* scheme is a multiagency programme, (initiated by the Public Health Agency, Belfast City Council and Belfast Health and Social Care Trust with key partners) which aims to improve physical activity and wellbeing across the city. This scheme supports programmes for people with health conditions such as diabetes, cancer, heart conditions and encourages families to become active,¹¹⁷ it includes participation from a range of community organisations. The city also operates *Healthwise*, a physical activity referral scheme which enables GPs and health professionals to make referrals to community and leisure centres.¹¹⁸

A programme led by academics from Ulster University called 'Walk with me' has sought to encourage older adults to become more active through support delivered by

their peers.¹¹⁹ Fifty individuals aged 60-70, from socio-economically disadvantaged communities, agreed to participate in this pilot. Follow-up interviews indicated that walking with a peer mentor helped them become more active, as did providing targets tailored to each individual's abilities. This is an important aspect of successful adult learning and engagement - devising teaching strategies that provide an appropriate challenge level without causing frustration.¹²⁰ The pilot demonstrated the effectiveness of using peer educators to support behavioural change.

The Impact of Covid-19

Researchers at Ulster University and Anglia Ruskin University carried out a study of a cross-section of UK adults, through a self-reported survey, to assess the impact of self-isolation on a range of health behaviours. An online survey was administered to UK residents, aged 18 and over and participants reported the amount of physical activity, screen time, and changes in alcohol consumption before and during lockdown. Mental health and wellbeing were measured using established tools.

Overall, physical activity and screen time increased. Participants aged ≥ 65 years, married/in a domestic partnership and unemployed, reported higher levels of physical activity during lockdown. Participants who increased their alcohol consumption were younger and had worse mental health.¹²¹ After adjusting for socio-demographic covariates, it was observed that those who were physically active had better overall mental health.¹²¹ Additionally, women, younger age groups, those with a

113 Heron, L. et al (2019), *J Epidemiol Community Health*, 2019;73:625-629. doi:10.1136/jech-2018-211758

114 <https://www.makinglifebettertogether.com/wp-content/uploads/2015/07/Get-Active-Belfast-WEB.pdf>

115 Russell SS. An overview of adult-learning processes. *Urologic Nursing Journal*. 2006 Oct;26(5):349-52, 370. PMID: 17078322; and Robert West, Susan Michie. (2020). A brief introduction to the COM-B Model of behaviour and the PRIME Theory of motivation. <https://www.qeios.com/read/WW04E6.2>

116 <https://www.makinglifebettertogether.com/active-belfast/>

117 <https://www.makinglifebettertogether.com/wp-content/uploads/2015/07/2019-20-GAB-supported-projects.pdf>

118 Tully M. et al (2019), *NIHR Journals Library*; 2019 May. PMID: 31067019. <https://pubmed.ncbi.nlm.nih.gov/31067019/>

119 Lieb, S. (1991) *Adult learning principles*. Retrieved April 28, 2005,

<http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm>

120 Smith, L. et al (2020) *Psychiatry Research*. Sep;291:113138. DOI: 10.1016/j.psychres.2020.113138.

121 Jacob, L. et al (2020) *Mental Health and Physical Activity*, 19. p. 100345. ISSN 1878-0199

lower annual income, current smokers and those with physical multi-morbidity, were associated with higher levels of poor mental health.

So, lockdown had unforeseen impacts on health-related behaviours and mental health. Some positive observations included an increase in physical activity, possibly related to increased available time and the government advocating daily outdoor exercise. The increased alcohol consumption is concerning, as are the negative impacts on the mental health of women, young people, and those with lower incomes and existing health conditions.

Lockdown also forced adult and community learning to rapidly adapt in terms of delivery mechanisms, including for physical activity classes. Windsor Women's Centre has been delivering training and education to local women for over 25 years in a welcoming, friendly and supportive environment. Programmes offered by Windsor Women's Centre through their 'Active Belfast' and 'Weave' projects include ESOL courses and physical fitness classes. Their classes attract women from disadvantaged as

well as black, Asian, and minority ethnic (BAME) communities.¹²² The engagement of BAME communities in learning activities is particularly important due to their particular susceptibility to health inequalities¹²³ and now Covid-19.¹²⁴ Learners initially did not have access to computer devices or the skills to access online courses. The Centre sourced IT devices through other charitable organisations and provided training on the use of technology for the women, followed by delivery of their physical activity classes online. This provided continued engagement in learning for these marginalised women, affecting a positive impact on their health and wellbeing.

Women in Sport and Physical Activity (WISPA) is a cross community women's project which works to identify gaps existing in local communities with regard to women's health, by providing affordable access to physical activity. WISPA has also adapted their programmes to online delivery to provide continued access to physical activity through their social media outlets, and a 'Ladies in Lockdown' free home workout programme.¹²⁵

Learning through Healthwise

The Heart Project (aka Maureen Sheehan Healthy Living Centre) is based in the Falls area of West Belfast and has now been delivering the Healthwise scheme for over 10 years. Healthwise is a physical activity referral programme. If a person meets the required criteria, a GP can refer them for a 12-week exercise programme to learn how to become more active and more involved in their own self-care.

Healthwise is run by the Public Health Agency in partnership with Belfast City Council. We know that taking part in regular physical activity has many health benefits and can help to reduce the likelihood, and even delay the onset, of some



diseases. We know that people need support and encouragement to learn to take the first steps to becoming more active, more often.

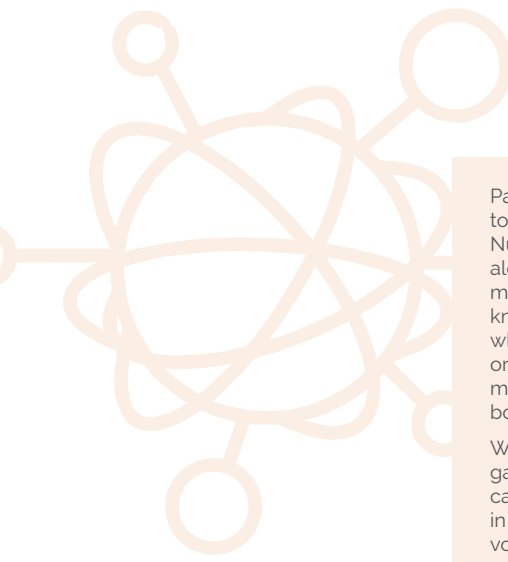
Participants have access to a variety of learning opportunities and services such as counselling, complimentary therapies and exercise programmes, including Pilates, Tai Chi, swimming lessons, pool therapy, cycling, Walking Football and our increasingly popular, Walking Club.

122 <https://windsorwomenscentre.com/windsor-womens-centre-education/#1470156232838-a56a2cd8-d994>

123 <https://www.bdct.nhs.uk/wp-content/uploads/2016/12/Race.pdf>

124 Lacobucci G. BMJ 2020;369:m2264

125 <https://www.facebook.com/Wispani/>



Participants can opt for certification in various topics, such as Fitness Instruction, or Diet and Nutrition. This can then allow them to work alongside our instructors to support other members of the local community, gaining knowledge, understanding and experience which can lead into a voluntary role within the organisation. This enhances not only their own mental health, wellbeing and self-esteem, but also boosts their future employment prospects.

We have found that the learning and knowledge gained by individuals on their journey, has had a cascading effect on their family and friends and, in many cases, their local community. Many of our volunteers have changed their habits with exercise and nutrition and have implemented a lot of positive life changes in their broader environment.

Engaging in self-care, and working out how best to implement what they've learned into daily lives and lifestyles, doing relaxing activities and gradually increasing their involvement in daily activities and hobbies, all promotes an improved sense of purpose, improving mental health and emotional resilience, and thereby improving the quality of their lives.

With the global pandemic of Covid-19 affecting us all, we have had to take step back and rethink our approach to not only delivering Healthwise, but our approach to our own health, wellbeing and lifestyles. This was done along with our clients, volunteers, and staff, so that we all understood how best to continue our efforts and sustain our work into the future.

Future suggestions on adult learning addressing physical health and wellbeing

Providing information and support to help improve physical health and wellbeing or encourage physical activity is often overlooked, or not seen at all as part of adult learning - perhaps in large part because it does not generally lead to accreditation. Similarly, little attention is paid to the benefits to physical wellbeing arising from engagement in any aspect of adult learning. As this article demonstrates, this should be rectified and due credit acknowledged.

Maintaining a focus on promoting learning for physical and mental health and wellbeing is crucial to social and community health across all ages, with suitable models of interventions and programmes. Harnessing the expertise provided by the academic sector in designing targeted interventions,

in collaboration with the public health and community sectors, would help to devise more effective strategies. This multi-agency approach is highly recommended.

Engaging minority and disadvantaged communities in physical and learning activities would help to reduce the health inequalities they face, empowering them to make healthier lifestyle choices and thereby improving their overall health and wellbeing.

The impact of the lockdowns and other Covid-19 restrictions is likely to continue to be experienced over coming months. More immediate strategies are therefore needed to promote health-related learning for both physical and mental health benefits, especially for young people and those from lower socio-economic groups.

Learning for Health and Wellbeing – a Learning City Perspective



Denis Barrett, Cork Learning City



Denis Barrett is Cork Learning City Co-ordinator with Cork City Council, a partnership including Cork Education and Training Board, Cork Institute of Technology, UCC and other statutory and non-statutory partners. He was a founder member of Cork Lifelong Learning Festival in 2003, of

EcCoWeLL Cork in 2012 and of Growing Lifelong Learning in Cork in 2014. A key member of the team that partnered with UNESCO in hosting the 3rd International Conference on Learning Cities in 2017, Denis has presented on Cork Learning City at various global conferences.

Learning Cities have been increasingly incorporating health and wellbeing into a holistic approach under the UNESCO framework in recent years.

This paper examines how Cork, a UNESCO award winning Learning City,¹²⁶ has integrated health and wellbeing into a cross-sectoral holistic approach.

It will outline how the city is applying a stronger focus on learning for health and wellbeing since 2019, following an invitation to co-ordinate UNESCO's newly established Learning Cities for Health and Wellbeing Cluster, and how this has contributed to its response to Covid-19 in 2020.

Health and wellbeing - a growing policy priority for UNESCO

Health and wellbeing is now a key priority for Learning Cities working under the framework of the UNESCO Institute for Lifelong Learning (UIL) Global Network of Learning Cities (GNLC).

The UNESCO GNLC is 'an international policy-oriented network supporting local governments to develop lifelong learning strategies by providing inspiration, expertise and best practice'.¹²⁷ Cork has been a member of the Network since its foundation in 2013.

In launching its support programme for the GNLC, UIL identified a range of key features

of Learning Cities.¹²⁸ While these key features did not specifically reference health and wellbeing, there was a holistic approach evident in the UNESCO definition that 'A *Learning City is a city that effectively mobilizes its resources in every sector to promote inclusive learning from basic to higher education, revitalizes learning in families and communities, facilitates learning for and in the workplace, extends the use of modern learning technologies, enhances quality and excellence in learning, and fosters a culture of learning throughout life.*'

In 2019 UNESCO established a Health and Wellbeing Learning City Cluster Group as one of its seven priority themes,¹²⁹ which marked a progression in its policy direction towards a stronger cross-sectoral understanding of the holistic nature of lifelong learning, embracing a wider understanding of lifelong learning as more than an educational matter. This development can be traced to the United Nations Sustainable Development Goals (SDGs) agreed by governments worldwide in 2015.

The Third International Conference on Learning Cities, held in Cork in 2017, had the theme of 'Global Goals – Local Actions'. The conference explored how Learning Cities can be drivers in implementing the SDGs at a local or city level. The outcome policy statement *The Cork Call to Action on*

¹²⁶ Cork was one of the first 12 cities worldwide to be presented with a UNESCO Learning City Award in 2015 at the 2nd UNESCO International Conference on Learning Cities in Mexico.

¹²⁷ UNESCO (2015) Global Network of Learning Cities: Guiding Document, UNESCO Institute for Lifelong Learning,

¹²⁸ *ibid*

¹²⁹ At the fourth International Conference on Learning Cities in Medellin in 2019, GNLC established seven thematic clusters (Education for Sustainable Development, Inclusion and Equity, Global Citizenship, Entrepreneurship, Educational Planning, Literacy & Health and Well-being). Together they form the core of the Strategy of the UNESCO GNLC (2019–2021)

Learning Cities was included in the 2017 UIL publication *Learning Cities and the SDGs*, which named Health as an element in a holistic new policy direction for Learning Cities.

The *Cork Call to Action on Learning Cities* called on city leadership worldwide to deliver on the SDGs through developing their cities as:

- Green and Healthy Learning Cities,
- Equitable and Inclusive Learning Cities,
- Supporting decent work and entrepreneurship.

Cork's commitment to a holistic approach to city development

Cork City's holistic approach can be seen in an earlier policy document, *Imagine our Future 2002-2012*,¹³⁰ which integrated social, economic and environmental plans for Cork city.

The ten year strategy set out seven goals, one of which was to develop Cork as a Learning City, and included an action to develop a lifelong learning festival. The annual festival, established in 2004, as a celebration of all forms of learning, with all events free to the public, has proven to

be both a catalyst and a cornerstone for building Cork as a Learning City. The festival embodies the UNESCO key features of a learning city in a holistic way. In reaching out and supporting access for all citizens, it has made the concept of the Learning City real.¹³¹ In addition, as the festival involves organisations from all sectors with a common interest in learning, a natural framework was created where partners could collaborate more easily on new ideas, beyond their individual 'silos'.

When the concept of EcCoWeLL¹³² was introduced at a seminar in the 2012 festival, the challenge to integrate concerns for the Economy with Ecology, Community, Culture, Wellbeing and Lifelong Learning to support the sustainable development of the city, resonated well with partners from different sectors.

In response, a multi-interest group of representatives from environmental, economic, health, learning and community education forums in the city formed a working group of equals to explore the ideas behind EcCoWell and how they might be applied to the city.

Learning Neighbourhoods in Limerick

The Limerick Community Education Network (LCEN), in collaboration with Learning Limerick, has established four **Learning Neighbourhoods** - Southside, City Centre, Northside and St. Mary's. This followed study visits and workshops to learn from the approach developed by Cork Learning Neighbourhoods. Their model brings the learning city concept to the neighbourhood level. The programme aims to assist local education networks and organisations to showcase and develop lifelong learning opportunities. The LCEN sees learning neighbourhoods as an extension of its work, by including everyone from the neighbourhood, businesses, groups and local

people, as all kinds of learning takes place in all neighbourhoods.

Limerick Learning Neighbourhoods Steering Group (primarily LCEN members and some others) was set up with some members acting as the 'link/support' person with each of the four neighbourhoods. The Steering Group continues to oversee the initiative, while each local Learning Neighbourhood (made up of a variety of local groups) holds its own meetings and activities.

The funding has come from LCEN core operational funding to date. The local groups contribute their own resources, time, centre/ school facilities and materials etc. and there is some sponsorship from the local Education and Training Board, or Learning Limerick.

¹³⁰ Cork City Development Board (2002) *Imagine our Future*, Cork City Council

¹³¹ Neylon, T. (2017) *How to organise a Lifelong Learning Festival*, Cork Learning City

¹³² Kearns, P. (2012) *Living and Learning in EcCoWeLL Cities*, PASCAL International Exchanges

A wide range of initiatives has taken place in the Limerick Learning Neighbourhoods since their launch, including: a Music Café, a community networking event, a 'Brag & Borrow' event for sharing initiatives, a Readathon for local schools together with community groups and an Open MIC event bringing young people and writers together. The Learning Neighbourhoods have demonstrated tremendous resilience during the COVID-19 pandemic. Showing that a Learning Neighbourhood is one that cares about the health of its residents. During the first lockdown, groups responded by working on projects such as

meals for older people, delivering care packages, producing facemasks, connecting with learners through daily phone calls, and using online methods of connecting, e.g. PADLET, Zoom, WhatsApp groups etc.

Learning Neighbourhoods in Limerick have helped build awareness and understanding of the value and many health benefits of learning throughout life, in many contexts. These initiatives are contributing to the ongoing development of an inclusive learning region that fosters the health and wellbeing of our communities.



Health and wellbeing - a growing policy priority for UNESCO

The holistic partnership approach to Learning City development has been applied at community level in Cork since 2015, when two community networks were invited to co-design a Learning Neighbourhood pilot scheme, working with the Learning City partners to apply concepts introduced to Cork by Peter Kearns, of PASCAL. These concepts were applied as a ground-up approach, building on strong community

education networks and community development practice in the city. The resulting programme supports area-based action and development plans designed by local steering groups that represent a range of cross-sectoral partners. The approach includes a commitment to keep these local groups open to all interested parties, including health centres and local businesses, working alongside the community based adult education centres, local schools and early learning centres. All are linked by a

common interest in learning as a lifelong and life-wide, vital activity for all ages.

Applying a renewed focus on health and wellbeing to Cork Learning City development

In 2019 Cork, with Osan in South Korea, was chosen by UNESCO to co-ordinate the newly established Learning for Health and Well-being cluster. With a renewed focus on learning for health and wellbeing, the Learning City Steering Group extended the relationship between health and education as outlined in various interpretations of the social determinants of health, with economic stability, social and community context, health and health care, neighbourhood and environment, to include lifelong learning.¹³³

In doing this Cork has extended its Learning City approach beyond health towards a focus on wellbeing, using an approach, outlined by Rachel Dodge¹³⁴, that identifies well-being as a balancing process between skills/resources and challenges across psychological, social, and physical dimensions.

This approach is echoed by the World Health Organisation (WHO) when they define wellbeing in its broadest sense as *'an optimal state of health concerning an individual's physical, mental, emotional and spiritual state of being.'*

Whilst Cork Learning City is not limiting its approach to a view that wellbeing is solely concerned with mental health, there are clear links. WHO, in its Mental Health Action Plan 2013-2020, states that: *'mental health, which is conceptualised as a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can cope productively and fruitfully, and is able to make a contribution to his or her community.'*¹³⁵

Indicators of wellbeing

A source of thinking regarding wellbeing indicators can be found in the new Irish Second Level Junior Cycle programme provided by the National Council for Curriculum and Assessment.

Their definition of this approach is:

'Wellbeing is present when students realise their abilities, take care of their physical wellbeing, can cope with the normal stresses of life, and have a sense of purpose and belonging to a wider community.'

This is reflected in the six indicators of wellbeing named in the programme, which have been adapted as proposed indicators to be applied to lifelong learners:

- **Active:** How physically active am I?
- **Responsible:** To what degree do I take action to protect and promote my wellbeing and that of others? Do I make healthy eating choices?
- **Connected:** How strongly do I feel connected to my community, my friends and the wider world? To what degree do I appreciate that my actions and interactions impact on my own wellbeing and that of others in a local and global context?
- **Resilient:** To what degree do I believe that I have the coping skills to cope with life's challenges? How well do I know where I can go to for help?
- **Respected:** How well do I feel that I am listened to and valued? To what degree do I have positive relationships with my friends, my peers and my family? How well do I show care and respect for others?
- **Aware:** To what degree am I aware of my thoughts, feelings and behaviours and can understand them? To what degree am I

133 <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

134 Dodge, R. (2018) The Challenge of Defining Wellbeing, International Journal of Wellbeing

135 WHO, (2013) *Mental Health Action Plan 2013-2020*, World Health Organisation p6

aware of what my personal values are and how I apply them?

Cork Learning City is now introducing these indicators, offering them to our learning partners to pilot, and asking for feedback on how well they can be applied to the learning

experiences they provide over the course of the academic year 2020/21. This feedback will form the basis of a report in the third quarter of 2021 that may be of interest to other Learning Cities.



Making learning fun, accessible and lifelong!

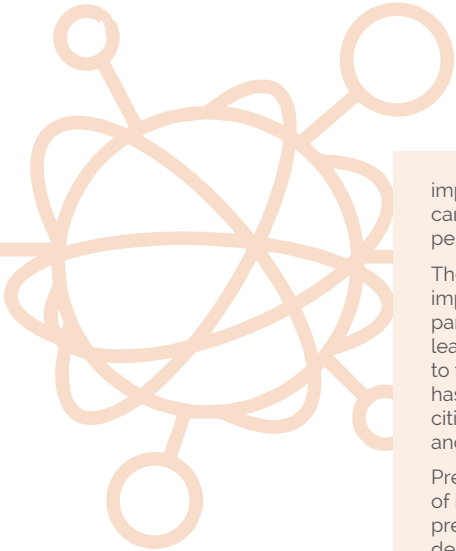
Belfast is a learning city and joined the UNESCO Global Network of Learning Cities in 2018, with a commitment to using learning to tackle inequalities and to improve the quality of life for all its citizens. A learning city promotes and celebrates learning and finds creative ways to encourage people to participate in learning at any stage in life.

The annual Belfast Festival of Learning is a demonstrable example of what a learning city can offer. The theme of the first festival (2016) was *Learning for All*, and aimed to 'put people at the heart of learning' to inspire interest and enjoyment in learning and to encourage people to

see themselves as learners, regardless of age or background.

The Festival offers a wide range of learning. There is a rich mix of song, dance and arts which contributes to the understanding of healthy lives, including physical, mental health and emotional resilience. There are also activities and events which focus on employability skills, the environment and respect for diversity in society, which highlight the holistic nature of learning and its connection to health.

In 2020 the theme of the festival was *Using Learning to Build Resilience*, with many events designed to help boost confidence and self-esteem, and support people and families who may feel isolated. Event organisers described the



importance of showcasing opportunities which can improve quality of life and lead to stronger personal and social networks.

The theme of resilience has never been more important than during the on-going global pandemic. The benefits of a broad range of learning to health and wellbeing has been crucial to the Covid response within our city - one that has learned to adapt and meet the needs of its citizens, particularly those already disadvantaged and disconnected from what the city had to offer.

Previous evaluations highlighted that two-thirds of independent survey respondents had never previously engaged with the event organiser, demonstrating that the festival provides a great opportunity for providers to engage with new learners.

Evaluations have reflected a growth in confidence to try new things and engage in learning e.g. parents felt more empowered to get involved in their child's learning as a result of an event at their child's school.

People have been inspired to participate in new ways of building skills, reflecting a greater potential to participate in experiences that transform soft learning to hard skills for future use in life.



Learning for wellbeing as a response to Covid-19 in Cork

Cork Learning City's motto is 'A Learning City is what a learning city does'. We are applying this commitment to action by promoting wellbeing through Learning. In response to Covid-19, we have engaged with the Cork City Council Wellbeing communications hub, and with the *Keeping Well – in Your Community* campaign to promote Learning for Wellbeing as one of the campaign's key messages.¹³⁶

New learning on health and wellbeing from Learning City exchanges across the GNLC in 2020 and 2021

The Covid-19 pandemic has prompted Learning Cities to respond in a range of ways to support the health and wellbeing of citizens. As the pandemic persists into the winter of 2020, and many regions are experiencing second waves of infections, the focus of efforts has switched from promoting good health practices towards the role that Learning for Wellbeing can play in supporting the resilience of city populations.

Against this backdrop, the GNLC cluster on Learning for Health and Well-being is holding on-line events, hosted and co-ordinated by the cities of Cork and Osan with UIL, that aim to:

- present actions taken by cluster members;
- showcase good practices;
- discuss challenges and opportunities;
- recommend priorities and actions to be taken for the fifth International Conference on Learning Cities in 2021;
- promote the topic of learning for health and wellbeing with all members of the UNESCO GNLC, and with cities beyond the network.

The resulting reports will be presented during the fifth UNESCO International Conference on Learning Cities in 2021 which will have a health and learning theme. It is anticipated that the policies and practices that emerge during these next 12 months will inform future thinking in this field around the world.

¹³⁶ <https://www.corkcity.ie/corkcityco/en/council-services/services/community/community-wellbeing/>
Accessed 10 Nov 2020

Conclusions and recommendations

Learning, when recognised as including and valuing all forms of formal, non-formal and informal learning, is a positive concept that can offer an uncontested, mutually beneficial means of connecting disparate interests at all levels, between cities internationally and nationally, within a city, and at neighbourhood or community level. These connections make other developments possible and more sustainable.

Cork, in developing as a Learning City, has integrated health and wellbeing into its cross-sectoral approach to learning. Based on the experience of the city since 2002, efforts towards the sustainable development of any city, and the UN SDGs, have more impact when they are built on a sustained and committed framework of good inter-agency co-operation and collaboration.

Joint projects that are funded by multiple organisations across Government Departments, with cross-sectoral steering

groups with partners as equals, are a powerful way to develop and strengthen a framework of strong inter-agency co-operation and collaboration in a city. In Cork, projects including the Lifelong Learning Festival and EcCoWeLL, proved to be very effective as a means to build on existing inter-agency relationships and created a platform that could successfully bid for and collectively host the third UNESCO International Conference on Learning Cities in 2017.

International connections between learning cities can provide an awareness of new models, inspiration and new stimulus for innovation and motivation for key actors within a city to sustain and develop existing practices and to accelerate the process of adopting new thinking.

Conclusion



Key Issues

From the articles in this report, from interaction with stakeholders at our webinars, and from discussions amongst the partners (the Northern Ireland Impact Forum on Adult Learning and Belfast Learning City) several key issues have emerged that need to be addressed. While many have been identified before, these need restating as they remain critical concerns, impacting both learning and health and wellbeing. These issues were then taken back to stakeholders at a concluding webinar to identify the actions needed to ensure they are addressed.

The interrelationship of lifelong learning and health & wellbeing

Every article in the report strengthens the evidence for the positive impacts that engaging in learning has on our health and wellbeing and authors call for the adoption of a holistic vision of learning throughout and across life.

Lifelong learning is life enhancing and life preserving. The lockdown experiences of 2020 showed how accessing knowledge and gaining new skills built resilience across the population. This was especially evident amongst the older population, hardest hit by both the virus and its social consequences. Learning can enable older people to live healthier and more independent lives and yet its provision is piecemeal and poorly resourced.

The upcoming Skills Strategy consultation, informed by the OECD recommendations report, will ask how Northern Ireland can build a culture of lifelong learning. The Covid-19 pandemic has highlighted

the importance of learning for society's physical and mental wellbeing. Any strategic response to building a lifelong learning culture must relate to relevant health strategies, as those not currently engaging in learning are most often those facing the greatest health challenges.

The Skills Strategy will also need to be responsive to a post-Covid society where the former boundaries between work and home, work and health and learning and health have become increasingly blurred. Skills for life are equally skills for work, for example in terms of health literacy and resilience. Preparation for employment and workplace learning should include attaining the skills to manage your health and wellbeing: again, Covid has drawn particular attention to the importance of this, but the need has been evident in the high statistics for sick leave that are published annually. A learning workplace which supports a broad range of learning (see for example the Belfast Trust, GRAHAM and Belfast Metropolitan College case studies in this report) will not just be healthier, but more productive also.

Critical to a lifelong learning culture is recognition for the role of informal learning. Prescriptive entry options and an immediate steer into qualifications and progression routes will remind many of bad experiences in school. Entry or re-entry points to learning are and should be many and varied, and for many, health and wellbeing courses can be the most attractive or relevant gateway. Just as health interventions deal with presenting symptoms, so learning, especially for returners, should address presenting interests and needs.



SPRING Social Prescribing

Spring Social Prescribing involves Healthy Living Centres across the region helping people address their health and wellbeing by connecting them to sources of support within their community. They then embark on a journey of learning to support their own mental and physical wellbeing through a greater understanding of the risk factors and the support available.

A team of SPRING Social Prescribers delivers supports to socially deprived areas across Northern Ireland and Scotland. During Covid-19 SPRING has adapted to provide supports online and remotely, offering socially distanced visits and classes where appropriate.

2,960 people have been referred to SPRING Social Prescribing between January 2019 and June 2020. 85% of those who completed the Warwick Edinburgh Mental Wellbeing Scale assessment, reported an improvement in health and wellbeing.

In direct response to the mental and emotional strain of Covid-19 restrictions, the team at SPRING Social Prescribing provided Connect Well. It was a free weekly online workshop available to anyone over 18 years and delivered via Zoom. The classes ran from May to September and a total of 668 people took part. Workshops were designed

to allow people to learn new skills in health, relaxation, and coping mechanisms. Learning sessions on resilience, stress, anxiety, how to get a good night's sleep, and arts therapy were well attended. The resilience workshop: *Today's emotions, tomorrow's peace, moving beyond Covid* attracted a record number of participants.

Digital disparity is an ongoing challenge to adult learning. Providing technology and digital training to people without these is an important step to improving health and wellbeing and keeping people connected as restrictions continue.

A Social Prescriber carried out a socially distanced visit in the garden of a client, who had been referred to her for chronic pain during lockdown. The lady, who was delighted to "put a face to the name" on the phone, was then able to learn how to access online supports on her iPhone, following advice provided by her social prescriber during the visit. This client has benefitted from the online webinars and was particularly pleased with the online learning provided by the psychological therapist. The woman has now found the courage to walk the short distance to the shop, which is a significant milestone.



Empowerment

In the case of both learning and health, the experience of many is of something that is done to them rather than with them; there is a belief that decisions should lie with the professionals alone, an acceptance that choice, when given, will be limited and directed. Not only does this frustrate and disempower many, but can lead to clinical services becoming overburdened (as has become evident with the NHS). Better results could be achieved, and resources alleviated, if people were supported to more self-management of learning and health choices/treatments (see the Health Literacy article and its case studies and also the SPRING case study).

People are not uniform widgets, so one-size-fits-all policies and practice, whether in learning or health, will leave many feeling on the outside. More holistic interventions, ideally co-designed with target groups, will 'treat' the whole person with their interrelated issues. So, innovations such as Learning Neighbourhoods (see the Learning Cities article) can achieve success by recognising local variance, supporting local leadership and harnessing the resulting energy. Could this model be adopted under local Community Planning?

Covid and the lockdowns have shown how strongly people are innately social beings whose wellbeing suffers when forced to isolate. Via virtual networks or socially-distanced events, learning enabled connections that could counter debilitating loneliness and maintain (and sometimes create) relationships. Learning is inherently connective, offering shared experiences and human interaction, linking individuals and communities: it is key to building social capital.

Providers recognise the power of learner stories to illustrate the realities of learning journeys and these serve to demonstrate that learning does not take place in a

vacuum, but rather in contexts which are affected by multiple issues - health, economic, relational and societal. However, in Northern Ireland there is yet to be a forum to bring those learner voices together. Can providers shift from acting as voices for learners to working alongside learners? The Learning Neighbourhoods model already mentioned, moves somewhat towards local democratisation of provision for learning, health and wellbeing.

Resources

There has been general acknowledgment of the vital role which the community sector has played in addressing the challenges thrown up by Covid. The sector has shown itself to be flexible, responsive and effective. What can be achieved in times of crisis can also be achieved in 'normal' times, given trust, resources and authority. The sector is particularly practised at seeing the holistic needs of its communities and should be engaged in the co-design of interventions to improve the take-up and success of both learning and wellbeing.

Many examples of good practice in learning and health, especially at community level, are initiatives with only short-term funding, where the services and resources developed cannot be maintained. Many successes are geographically and well as time limited, so that identical needs in one part of the country are not always matched and valuable learning is lost.

Learning is also lost because of a lack of investment in research. Hundreds of evaluations of community projects in health and learning are produced each year, an invaluable research resource which is currently wasted. How can there be evidence-based policy-making and informed decisions on spending without adequate data capture, analysis and the identification of good practice?

To support the growth of a lifelong learning culture (which, as this report shows, is important to building a lifelong healthy community), there is a need to reinvest in a community learning infrastructure for Northern Ireland. Provision is scattered and variable: there are no longer any region-wide adult learning organisations. Capacity and capability have reduced, and to achieve the potential of the sector to take on entry level to level two provision, as well as non-accredited courses, will require a structural as well as financial investment. A lack of investment in community learning actually equates to a lack of investment in health and wellbeing.

Equity

Many of the contributors refer to the persistent and deepening inequalities in society and their impact on health and wellbeing; improving the circumstances of the most disadvantaged people is the most effective way to reduce health inequality.

Patterns of deprivation have not significantly shifted in Northern Ireland for at least the past 50 years and these areas continue to face learning and health inequalities. These are inescapably linked as research shows that those with higher levels of education enjoy better health and greater longevity, having gained the skills and confidence to better access information and services for their wellbeing and that of their families.

Society is undergoing seismic shifts in both demography and employment and investment in learning needs to respond. Support for learning throughout life (and not just working life) is increasingly important to respond to shifting employment patterns, extended working life and greater longevity. As far back as 2009 the *Inquiry into the Future of Lifelong Learning* suggested a small percentage shift of the education budget to support those aged 25+.

As suggested in the article on Older People and Learning, ageism can still lead to gaps and limitations in learning provision. While the positive health benefits of older people accessing learning are well documented, provision is limited, particularly for those on lower income, and the choice can be limited. As the article asserts, older people are not a homogeneous group and provision should not be pigeon-holed into an 'older people curriculum'. The 2021 consultation for the next *Active Ageing Strategy* should offer an opportunity to advocate for greater learning provision.

The impact of Covid on both formal and nonformal learning threw up enormous learning challenges for providers. A major shift was the rapid acceleration of the move to greater online provision which had already begun in recent years. The response of providers has been hugely successful (see the *Learning in Lockdown* report from the Learning & Work Institute) and a high level of online teaching is expected to continue even post-Covid. However, the shift has thrown up not just skills gaps, but resource inequalities which could threaten to further exclude those on the margins of engagement in learning (and health). The inability of many households to afford any broadband, or to purchase laptops or tablets, limited or excluded many of all ages from accessing learning opportunities and key health information.

Another caveat regarding the shift to online provision is that virtual connections do not offer the full social experience that face-to-face provision provides and so some key benefits are lost. Returners in particular respond best to human contact and interaction to boost their confidence.

Transition points such as returning to learn, moving from informal to formal learning settings or progressing into first-time employment can be traumatic and require

support to become more effective. Part of that help should come by way of guidance as the plethora of options, the professional language of learning and uncertain pathways

can be baffling and off-putting. Perhaps as well as health literacy we need learning literacy!

Ballybeen Women's Centre

For over thirty years Ballybeen Women's Centre (BWC) has been developing and delivering quality services in an area of low and weak community infrastructure.

Health Promotion and Education is a key priority of work and the centre has grown to become a valuable and well-known provider of a range of health services within the Ballybeen area. Health issues do not exist within a vacuum and, more often than not, women have a number of other issues ongoing in their lives which are impacting on their health. The major success of BWC's approach has been to successfully integrate health promotion and education into all its services for women, childcare, family support and services to young people.

The delivery of programmes which are mindful of the reality of women's lives and take into account their caring responsibilities within families, increase women's confidence and skills as caregivers

to provide appropriate care to their children, respond quicker to early signs of illness and make appropriate use of health care systems.

A core belief is that what is communicated and how it is communicated matters. If we are to increase health literacy, services need to utilise materials which are understandable, offering a wide range of health topics, teaching health skills and addressing health decision making.

BWC programmes empower people with the knowledge, tools, resources and self-confidence so they can actively participate in health decision making. Having increased their skills and knowledge women are then in a position to disseminate these health messages into families and the community.

In addition, it is evident that quite often participation in health and wellbeing programmes is the first step into further education and training within the Women's Centre.



Measurement

Adult learning has long suffered from a lack of measurement – no-one can accurately say how many adult learners there are in Northern Ireland and what they are learning. The data collated by Government relates to statutory provision and the attainment of qualifications and so the contribution of non-formal and informal provision is not recognised and therefore neither incorporated nor costed into policy considerations.

With the disparate funding supports for learning and health education projects across the sectors, there is not consistent or transferrable evaluation and, as mentioned earlier, no collation of results to inform policy and practice development.

What isn't measured isn't recognised or valued and this is particularly the case with the health and wellbeing outcomes achieved through adult learning. This could be rectified by the inclusion of appropriate indicators or questions in funders' evaluations and the adoption of the practice by the Education and Training Inspectorate. The Learning City exemplar offers a potential suite of wellbeing indicators which will be piloted by providers in Cork in 2021 and this could help inform the development of future measurements.

Collaboration

Policy makers and practitioners, in both health and learning, tend to work in silos even though the benefits of collaboration are well understood – and work across disciplines is even rarer. The Programme for Government has presented a model of cross-departmental planning, through the adoption of an outcomes-based accountability approach, which offers hope of a cultural shift in policy making, but pressure to continue and increase this practice should be sustained.

Advocacy for the learning and health provision communities need, requires practitioners and providers to support one another, within disciplines, across disciplines and across sectors. To do this they need to share information more effectively and build trusting relationships.

The Learning City model, as demonstrated by the Cork example in this report, offers valuable insights on how to integrate learning and health and wellbeing into cross-sectoral partnerships, and how partners, as equals, funded across Government Departments, can build a sustained and committed framework of good inter-agency co-operation and collaboration.

The issues which this report addresses around adult learning and health and wellbeing are far from unique to Northern Ireland and learning from both our nearest neighbours in UK and Ireland, and the wider international community, will greatly increase the efficacy of local interventions. When research is missing locally, we turn to the global academic community, as demonstrated by many of the articles.

Policy

Without the development of policies to address the above issues, changes in practice will not be undertaken, resourced or sustained, regardless of the recognition of their importance and even a desire to see them implemented. The vast majority of practice in both learning and health is driven by siloed Government funding and until that shifts to mirror outcomes-based objectives reflective of inter-connected community needs, then practice will continue to be less effective than it should.

We are very conscious of the progress which has been made by Governments in neighbouring nations to recognise adult/lifelong/community learning and develop corresponding strategies and we ask why

Northern Ireland is lagging behind. An alternative to creating a stand-alone policy would be for learning to become a read-across essential in the drafting of all new policy – as is the case with health. If there is a serious ambition to create a lifelong learning culture in Northern Ireland then this would root that development in a policy foundation.

In our advocacy, we must take collaborative approaches so that the symbiotic relationship between learning and health, so obvious to most practitioners, becomes reflected in policy development at local and regional government levels.

Action points

The Impact Forum and Belfast Learning City have a commitment to facilitating the following actions, but success will depend on the individual and collective actions of all stakeholders.

Inform

Information connects and empowers and therefore we will

- commit to more effective sharing of information (reports, evaluations, resources etc.) across the adult learning sector, and beyond
- advocate for further research into the effectiveness of learning to facilitate and impact wider social goals, such as health and wellbeing, and the environment
- collect evidence of the health and wellbeing impact of our learning provision and present this to funders to persuade them of the importance of adopting such indicators

- increase the public's awareness of learning opportunities and celebrate its achievements through events like the Belfast Festival of Learning.

Advocate

Adult learning and its contributions to health and other social issues receives little recognition, so we will

- respond to relevant Government consultations, coordinating collective responses and encouraging multiple submissions. In 2021 the focus will be on the Skills Strategy, the Active Ageing Strategy, the next draft Programme for Government and any reviews of community plans
- champion informal learning as core to building a lifelong learning culture, for its contributions to building sustainable communities and to the health and wellbeing of our society
- highlight inequities in terms of access to opportunities and resources
- create shared messages to demonstrate our common purpose and build social media campaigns around these
- build relations with elected representatives and identify champions for adult/lifelong learning
- bring learner voices to the fore.

Collaborate

The changes needed necessitate collaborative efforts from policy-makers and practitioners, so we will

- maintain pressure on Government to develop cross-cutting objectives and develop operational structures and funding that are based on collaborative working
- develop connections between providers in different sectors to deliver better services to our communities, exploring models such as Learning Neighbourhoods
- build and maintain alliances beyond Northern Ireland to learn from and work with our neighbours and more globally



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