

# **Environmental Scanning Exercise**

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<b>Contents</b>	<b>Page No</b>
<b>Summary</b>	3
<b>Introduction</b>	4
<b>Definitions</b>	5
<b>Methodology</b>	7
At NIACE	7
Other contacts	8
Government Programmes	9
Regional Organisations and Local Programmes	9
<b>An Overview of Current Provision</b>	11
Provision that included basic skills learning embedded in health related issues	11
Provision offering basic skill opportunities, for specific user groups, with an identified health outcome	11
Attempts to heighten the awareness of basic skill needs of NHS patients among NHS staff	12
<b>Good Practice</b>	13
Harlow ‘Literacy to Health’ Project	13
St Luke’s Psychiatric Hospital	14
Health workers and basic skills in the community, Thurrock	15
Crucial Crew	15
Owlerbrook Happy Families, Sheffield	15
London Borough of Redbridge	16
<b>Key Issues Emerging</b>	17
Conclusion	19
<b>Appendix</b>	21
Literature Review	21
Other useful references	23
Links with basic skills and NHS workforce	25
Website addresses	25
Table of Projects	27

## Summary

1. NIACE was commissioned by the Department for Health and the Department of Education and Skills to conduct an environmental scanning exercise. The purpose of the exercise was to identify projects and initiatives that addressed literacy and numeracy needs within a health promoting context. We looked for three types of provision:
  - Learning opportunities where individuals had been learning about health related issues and literacy and numeracy skills had been identified or incorporated into the learning process.
  - Literacy and numeracy skills learning for specific groups of learners with health needs.
  - Initiatives to heighten awareness of literacy and numeracy needs of NHS patients among NHS staff.
2. Within the time constraints of the exercise we carried out a search of existing NIACE databases and the databases of external agencies such as CEDC and the National Literacy Trust.
3. We conducted a literature search to identify current understanding and examples of good practice of literacy and numeracy learning in a health promoting context.
4. We found some examples of innovative practice that promoted health literacy for individuals with literacy and numeracy needs. These projects varied in how they addressed health, the types of health outcomes they achieved and how they supported learners with basic skills needs.

On the whole provision is patchy and there are differing ideas and even a lack of understanding among practitioners as to how they can take this work forward. Opportunities to promote health and tackle literacy and numeracy skills needs have not been maximised due to lack of guidance and co-ordination across the health and education sectors. A strong policy lead with opportunities to share good practice, develop new thinking and forge partnerships across sectors would be hugely beneficial.

## **Introduction**

The Department for Education and Skills and the Department of Health commissioned NIACE to conduct an environmental scanning exercise to research and highlight provision that exists nationally and locally in regard to basic skills learning that links with health related needs and outcomes. This report summarises the research and provides an overview of existing provision that combines learning about literacy and numeracy and health. While every effort has been taken to locate as many projects as possible and to offer a true reflection of the provision available, it is in no way exhaustive. From the information gathered around these projects the report highlights examples of good practice. The report also aims to bring to attention issues which need considering when taking forward any plans to promote and develop future projects that aim to combine learning about health related issues and literacy and numeracy skills.

## Definitions

For the purposes of the environmental scanning exercise we have defined health as being

*“A state of complete physical, social and mental well-being, and not merely the absence of disease and infirmity.”*(Nutbeam 1998)

This definition provides an holistic understanding of health which is central to a definition of health literacy and to how learning, and specifically literacy and numeracy education, impacts on health.

Health literacy is defined as:

*“the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.”*(Nutbeam 2000)

Health literacy therefore implies the achievement of a level of knowledge, personal skills and confidence. It is more than being able to read pamphlets and medical instructions, but includes a critical understanding of what has been written and is being asked of the individual. It also includes an improved knowledge and understanding of health determinants, changed attitudes and motivations in relation to health behaviours as well as an improved sense of self-efficacy.

For the purposes of this environmental scanning exercise we have used the definition of basic skills that the Basic Skills Agency and NIACE use. Basic Skills are:

*“The ability to read, write, listen and speak in English, and to use mathematics at a level necessary to function at work and society in general.”* (NIACE 2001)

Literacy and numeracy must be seen in context. The ability to read and write only becomes meaningful when the learner is able to read something important to him/her, to write for pleasure or purpose and to calculate for a purpose.

This definition is important to the concept of health literacy and to developing future work. Health education and health literacy which relies on a ‘top-down’ constructed curriculum delivered by experts who impart information may not have meaning for individuals lives and will run the risk of failing to impact on health inequalities.

Equally relevant here is the growing body of evidence on how learning impacts on health. It is well-documented that the number of years in initial education and success in initial education has a profound effect on the life expectancy and health status of individuals. Research which looks at how learning impacts on health shows there to be a number of mediators such as:

- Socio-economic status.
- Improved health behaviours.

- Improved access to health services and information.
- Improved self-efficacy and resilience to stress.

This research is important within the context of this environmental scanning exercise in that these were identified time and time again by literacy and numeracy providers as being the health outcomes achieved by individuals engaged on their programmes.

Good practice within adult literacy and numeracy learning shows that a learner-centred approach that engages the learner and invites them to be an active participant in the learning process is important. Equally, it is also crucial to tap into the existing motivations of learner's and addresses what individuals need and want to know. From there learner's build on existing knowledge and acquire new knowledge and understanding. These factors were very evident in the examples of good practice that we have put forward.

## **Methodology**

The first purpose of the research was to locate projects that already combined a health and basic skills element in their work. The research, which was carried out in a short time period, found a number of programmes that fitted the criteria specified. The provisions were divided into three distinct areas to demonstrate:

- Any learning opportunities where individuals had been learning about health related issues and literacy and numeracy needs had been identified or incorporated into the learning process.
- Any literacy and numeracy skills opportunities addressing the needs of specific user groups that had an identified health needs.
- Examples of attempts to heighten awareness of literacy and numeracy needs of NHS patients among NHS staff.

The second part of the research was to analyse the data in order to highlight any emerging key issues that could be further developed when considering how to promote future provision that combined basic skills needs and health. This analysis also enabled us to highlight aspects of good practice in a local and national context.

To initiate the research an extensive search of our own databases at NIACE and of other learning organisations took place to see what existed within the learning provision and community provision.

The databases searched and organisations contacted were as follows:

### **At NIACE**

- Adult Community Learning Fund database

This database logs the progression of all the community projects funded by the project. These projects offer informal learning in community environments as a way to widen participation in adult learning. This is a highly competitive fund and successful projects are examples of innovative practice.

- Learning and Health database

The database is an ongoing collection of provision covering the subject area that NIACE's Learning and Health Team have come across in their work.

- Family Learning database

Information has been collected by the Family Learning team, including award and grant applications.

- Older and Bolder database

Information has been collected by the Older and Bolder team on provision for older learners.

- NIACE Regional Development Agents were contacted as they liaise with Regional Development Agencies and the LSC within the area of learning.
- The Basic Skills Community Fund, summary of projects.
- The Voluntary and Community Sector Basic Skills and ESOL fund database.

## **Other Contacts**

### National Organisations

- Community Education Development Centre (CEDC). They develop different approaches to community based learning as a way to widen opportunities for health improvement, lifelong learning and community regeneration, [www.cedc.org.uk](http://www.cedc.org.uk)
- Nine Regional Adult Basic Skills co-ordinators from all of the Regional Development Agencies. These co-ordinators are aware of the basic skills provision in their area, as well as trying to encourage provision. At present the response regarding projects linking health and basic skills has been limited.
- Health Development Agency Regional Directors. Responses varied depending on whether learning and/or basic skills was in the area development plans.
- THRIVE, This national charity uses gardening projects throughout the country to improve the lives of disadvantaged, disabled and older people. The projects provide literacy and numeracy learning when it is needed. People are able to increase their confidence, self-esteem, learn basic skills, participate in physical exercise and gain some practical experience. [www.thrive.org.uk](http://www.thrive.org.uk)
- National Literacy Trust database: This site gives an overview of literacy programmes operating in relation to different target groups and subject areas, including health and learning. [www.literacytrust.org.uk](http://www.literacytrust.org.uk)
- Girls Friendly Society, [www.gfsplatform.org.uk](http://www.gfsplatform.org.uk) This society funds some community projects that aim to offer ‘one-stop’ services to women and young mothers. The projects include basic skills learning and covering parenting and health subjects in relation to the target groups’ needs.
- Stonham Housing Programme, [www.stonhamhousing.org.uk/services/projects](http://www.stonhamhousing.org.uk/services/projects) The programme offers ‘housing with care’ in England for vulnerable people with special needs, including mental health difficulties and learning

disabilities. Support include literacy and numeracy learning being embedded in everyday activities, including food and health issues.

- Sustain, [www.sustainweb.org](http://www.sustainweb.org), They have a database of community development food projects, some of these projects offer learning opportunities as well as promoting healthy eating.

### **Government Programmes**

- Sure Start, [www.surestart.gov.uk](http://www.surestart.gov.uk)
- Book Start, [www.bookstart.org.uk](http://www.bookstart.org.uk)
- Story Sacks, [www.standards.dfes.gov.uk](http://www.standards.dfes.gov.uk)
- Early Excellence Centres, [www.dfes.gov.uk/earlyyearsandchildcare/](http://www.dfes.gov.uk/earlyyearsandchildcare/)

These programmes along with other government family initiatives often involve health professionals and educational / community agencies working together. The programmes offer an opportunity for parents to become involved in the development of their children. Included in this focus is provision for parents and carers to improve their own literacy and numeracy skills in order to be able to help their children. Some projects also include health issues in relation to families with soft health outcomes being identified, such as an improvement in participants' confidence and self-esteem. However, it is difficult to find out about the projects operating, as they are not on one available database and are funded and run by different organisations.

### **Regional Organisations and Local Programmes**

- Nottingham HAZ Directory of Projects.
- Nottingham HAZ Evaluation Report of projects 2002 – 2003,

These projects were all funded in part by the local HAZ, a variety of projects include learning and health, although literacy and numeracy skills are not emphasised in any projects aims.

- VONNE (Voluntary Organisation's Network North East), Alison Mosquera, the organisation has begun to keep a database of the basic skills activity in the region. Much of the literacy and numeracy skills learning opportunities are embedded in employment training and family groups.
- Bromley By Bow London Community Centre, [www.open.ac.uk/bbbc.org.uk](http://www.open.ac.uk/bbbc.org.uk)

**Attended two Regional Conferences about health and literacy:**

**Skilled For Health Conferences in North East England and North West England**

- Examples of projects combining learning and health were given.
- Literacy and health care issues were highlighted.

Searches were carried out with the aid of the Internet and through contacting different organisations and groups through email and telephone conversations. We were unable to visit any projects due to the time constraints of the exercise. For a full list of the projects identified is included in the appendix under the three areas discussed. While it was not always clear whether the projects found were still operating, the projects that we located ran recently and showed examples of how literacy and numeracy skills training and health related issues could be combined. The key emerging issues have been developed and are discussed in this report.

## **An Overview of Current Provision**

We found a wide range of projects (Appendix). Overall there was not a clear pattern of what the projects aimed to do and achieve. The projects are demonstrations of how literacy and numeracy skills and health are being and can be tackled both locally and nationally. Agencies are working together to help people improve their literacy and numeracy skills and, ultimately the health of the learners.

### **Provision that included literacy and numeracy skills learning embedded in health related issues**

This type of provision was mainly in the form of community projects, run by different community organisations, education authorities and health authorities. The balance between and the importance of literacy and numeracy skills learning and learning related to health depended on who was providing the project and the initial aim of the project. Most of these projects did aim to combine literacy and numeracy skills with a health related topic as a way of embedding basic skills or to enhance the understanding of health issues. Only a few of the projects included literacy and numeracy skills learning into the design after the provision had started and when the providers became aware of the need for it. Other projects referred individuals to local basic skill courses when necessary. The basic skills part of the projects were sometimes aimed at all of the participants in a group, where as other provision provided literacy and/or numeracy skills learning on a one-two-one basis based on specific individuals' needs. Basic skills were embedded in a range of health related issues from gardening, cooking, family learning, art projects, to more specific health related behaviour courses. The literacy and numeracy skills taught were not always to achieve the aim of accreditation.

The type of evaluations carried out varied and was not always clear from the data available. However participant feedback and examples of learners improving their health related behaviour and basic skills were mentioned frequently. The duration of the projects and funding sources were also varied, although many had Adult Community Development Funding. Most of the provision located did not refer to staff receiving awareness training of individuals basic skill needs and few projects offered accredited literacy or numeracy learning opportunities.

### **Provision offering basic skill opportunities, for specific user groups, with an identified health outcome**

A lot of provision focused on offering literacy and numeracy skill opportunities with people who had mental health difficulties. The emphasis of the provision was on recovery, rehabilitation and social inclusion. The basic skills learning was often embedded in programmes covering art, gardening and farming, health activities and sports, confidence building and personal development. Most of the provision was through partnerships between health professionals and educational / community workers. The partnerships were a mix of new or built upon and strengthened existing relationships.

Other programmes targeted families, parents and especially mothers. The emphasis of these programmes was on social inclusion, especially of young parents, and of addressing health inequalities among babies and young children through improving parenting skills. These programmes were often part of the governments Sure Start or other family projects. Some programmes combined courses such as literacy and numeracy skills and parenting / family courses, with health related issues being covered. It was hoped that the courses would assist individuals to achieve an improvement in literacy and numeracy skills levels, as well as in parenting and health related issues. Focusing on parenting and health was an opportunity to attract and motivate participation of parents by emphasising the benefits it would have for their children. The programmes also aimed to have a positive impact through increasing participants' confidence and self-esteem, which would allow them to have more control of and less stress in their daily lives. These courses were usually run by education authorities or community groups and involved working with different health care professionals.

Other target groups covered by this provision included people in rehabilitation centres for different addictions, ethnic minority groups and a males' group. Again the emphasis was on social inclusion, of encouraging participants to engage with mainstream services and to acquire the skills and confidence to access a range of support services such as housing, benefits as well as education and training. Overall, only some of the programmes had given the staff awareness training of individuals literacy and numeracy needs. There was also no clear picture of how projects received funding and for how long. Partnerships varied between health, education and community workers and organisations.

### **Attempts to heighten the awareness of literacy and numeracy needs of NHS patients among NHS staff**

These examples are limited, though do show some innovative work involving NHS staff who work with long-term patients within hospitals, health workers in the community and front-line staff. The aim of raising staff awareness helped staff to involve themselves in supporting and recruiting people with literacy and numeracy needs to participate in basic skill learning opportunities. This improvement in individuals' literacy and numeracy skills would allow the learners to gain more out of health and other services than they had previously, through a better understanding of the situation and more confidence and control in making informed choices. Importantly the training also encouraged staff to make their services more accessible to people who have literacy and numeracy difficulties. For instance, Leeds Health Action Zone used interactive methods of exploring different issues and dilemmas around literacy and numeracy skills. People with learning difficulties presented scenarios that they encountered to an audience of carers and health professionals and discussions took place about possible solutions. These awareness raising events can result in more people receiving help with their literacy and numeracy skills along with positive change in patient and staff attitudes to people's learning difficulties. They had also raised individual's communicative and critical literacy skills through the use of role play and other interactive methods.

## **Good Practice**

Some provision came to our attention as offering positive examples of ways to combine basic skills with health related issues. When looking for good practice we were drawn to projects that were able to encourage people to develop their literacy and numeracy skills through something that they were interested in, which allowed learners to set the agenda, which recognised the wealth of experience of learners and involved them as active participants in their learning. Embedding literacy and numeracy skills in other areas of interest was identified as a positive way to engage learners and also avoids the stigma often associated with poor literacy and numeracy skills.

Some of the aspects we were considering when looking for best practice included:

- Did the projects show good working partnerships between education and health departments / staff?
- Did the projects generate a dialogue between learners and providers, which resulted in increased understanding for both stakeholders?
- Any examples of the benefits of training staff in awareness of literacy and numeracy skill needs?
- How did they reach potential learners, including hard-to-reach groups?
- What was the outcome for the participants and people running the programmes?
- How were the employees / staff able to identify people with literacy and numeracy skills needs and how were they able to support them?
- What specific needs did the projects deal with, such as a targeted group of learners?

### **Harlow 'Literacy to Health' Project**

The project was designed through the collaboration of the Harlow Primary Care NHS Trust and the North and West Essex Adult Community College. The project started in 1999 to address the problem that in the Harlow area only five per cent of people with literacy and numeracy skills needs were taking part in the available adult learning opportunities. The aim was also to explore the ways in which front-line workers could help people with low basic skills gain the most out of health and other services. Firstly, basic skill awareness training with front-line staff from a variety of agencies was given that offered information towards assisting people with low basic skills. To initiate this training managers and staff needed to be convinced through conference and seminars about the need for this type of training and the benefits it would bring. The training enabled staff to identify and encourage potential learners to take up basic skill opportunities. It also enabled staff to rethink aspects of their own work in terms

of making it accessible to people with literacy and numeracy skills needs. Barriers to learning and personal motivations to learn were further highlighted through a group of individuals who previously experienced literacy and numeracy skills difficulties being involved in the process of staff training. Following the staff awareness training, courses open to the community were run with the aim of embedding literacy and numeracy skills within health issues and personal and social development, such as First Aid, 'Look Good, Feel Good'.

### **St Luke's Psychiatric Hospital**

Middlesbrough Adult Education Centre did some literacy and numeracy skills development work with St Luke's, the local Psychiatric Hospital. This was the first time that any formal learning provision had taken place in the hospital. Residents from two wards took part in literacy and numeracy skills courses, which were incorporated into existing community-skills group run by the occupational therapists.

The key to the project was the partnership between the basic skills tutors, occupational therapists and other members of staff. Before the learner courses began the tutors spent time shadowing occupational therapist staff in the wards and healthcare staff attended awareness raising sessions on literacy and the effects of poor literacy. More raising awareness sessions were then undertaken which enabled hospital staff to see how they needed to adapt their working practice to be accessible to people with literacy problems, such as changing many of their leaflets and forms. The awareness –raising session also resulted in changes to treatment – one psychiatrist had previously asked residents to write down their thoughts and feelings and when they had failed to do this had marked it down as non-compliance. Ideas from good practice that had been developed from previous work within the day centre were also shared. Joint staff development ensured that the learning that the students did as part of their literacy and numeracy skills work was appreciated and valued by hospital staff and incorporated into care plans and into the daily work that they did with individual residents. Some residents had had good literacy skills when they became ill, but illness, medication and long-term institutionalisation had resulted in a decline in their skills. These residents were able to regain lost skills of reading and writing but also in ordering thoughts, communicating ideas, planning and decision-making.

The learners were able to utilise their improved skills in their daily settings and began to make changes within the hospital routines, such as completing their own incentive cards. Besides an improvement in literacy and numeracy skills among individuals other learning benefits were mentioned. Learners had fun and were more motivated to participate in daily tasks around the ward and take responsibility for their own tasks. Positive outcomes were also apparent for staff as they began to see their patients differently and appreciated them for having more skills than they had previously thought. The occupational therapy team were working much more closely within the wards to look at the social skills of the individuals. There was an increased awareness of mental health and more positive images of mental health service users. There was also a realisation that it is positive for the patients to have other 'non-medical' staff coming into the wards, as they will not see them as ill and will have different

expectations of them. The partnership with the Adult Education was an important part of developing individual plans.

### **Health Workers and Basic Skills in the Community, Thurrock**

This project started in 1999 to raise awareness of literacy and numeracy skill needs in the community amongst health workers. The aim was for health workers to be able to increase the demand for learning through innovative outreach work that reached excluded and vulnerable parents who were not accessing mainstream provision. The outreach work was to be flexible and offer the learners different routes to learning. The health workers now encourage parents with young children to improve their literacy and numeracy skills and to go on courses such as parenting and health related courses, such as breast-feeding and child development. The health workers have been able to develop materials that are user friendly for people with literacy and numeracy skill needs. Work has continued and expanded to the training of health worker volunteers, Community Mothers, who act as basic skills tutors to parents referred to the programme within their local area. The Community Mothers provide one-to-one basic skills and IT tuition using laptop computers. Once parents have gained sufficient confidence they are encouraged to access existing learning provision. The number of people referred to learning through health workers doubled in nine months, and the numbers continued to increase. Further workshops with health workers have been planned in order to continue developing the programme.

This programme has been possible through the development of partnerships of the Primary Care NHS Trust with Thurrock Adult Community College. Funding and support was received since 1999 from different funding bodies, including the Adult Community Learning Fund and the Essex Learning and Skills Council Local Initiative Fund. The programme also interlinks with a range of innovative community development outreach programmes provided by Thurrock Primary Care NHS Trust.

### **Crucial Crew**

This project, run by South Yorkshire Police, targets young people from black and ethnic minorities, especially refugees and asylum seekers. The aim was to help the participants improve their functional literacy skills through personal safety training. The target group have been shown to be more at risk from unintentional injury and do not always fully understand how to make best use of '999' services. An important part of the work of the project was to adapt existing health and safety material to make it accessible to people with literacy needs.

### **Owlerbrook Happy Families, Sheffield**

The programme works with families as a way of improving the children's development. Many low-income families, including ethnic minority families, participate in the activities. The project aims to empower the mothers to be self-sufficient in caring for their families through giving them practical parenting skills and building their confidence and self-esteem. The parents participate in the process

of determining which courses should exist. The courses have included improving literacy skills, parenting skills and health related initiatives, such as the importance of physical activity. A working partnership has developed between the Owlerbrook group and the local health team in order to develop some of the courses and to help towards addressing the health inequalities in the area. Evaluation of the programme takes place based upon on parents feedback, school attendance by the children and feedback from health professionals that liase with them.

### **London Borough of Redbridge**

This programme offers family learning courses around health education for parents and children in Redbridge primary schools. It aims to use health issues as an alternative to family literacy and numeracy courses as a way of participants experiencing personal and social development. The premise is that family health projects offer a potentially strong vehicle for the delivery of health education, which targets the needs of children and adults alike. Families are encouraged to think about their homes as health promoting environments. The programme then encourages individuals to receive support from other learners, project staff and health professionals to find ways to implement these changes. The learners were involved in the development of the project, which the staff saw as essential to the continued participation of the learners. Participants on each individual project were able to shape the programme to meet their needs and also took part in evaluations.

Educational levels varied among the female participants, and where needed advice about other literacy, numeracy and ESOL courses were given. Staff received basic skill awareness training, which resulted in an increased awareness of the need to consider participants' basic skills and other individual needs at every stage of the project, from planning and advertising through to delivery and dissemination. A variety of learning methods were employed which ensured that the learning that would appeal to the wide range of learners. Many participants have reported a change in health related behaviour as a result of the project. Other benefits have been improved oral and communication skills and a positive learning experience, which has led to the confidence to take up other learning opportunities.

The Local Authority Education Services were involved in developing and running this programme and remained committed to a multi-agency approach. The close partnerships included health promotion staff, school nurses and teachers and the local Redbridge Adult Education Institute. The partnerships developed through the project have enabled schools to see the added potential for using visitors. Some of the partnerships were new, while others were already in place and have been strengthened through the participation in the project.

## Key Issues Emerging

From looking at the various projects and from talking to practitioners there seems to be a number of key issues.

1. There appears to be breadth of health outcomes identified by providers, though this is perhaps to be expected given the broad definition of health as being a state of complete physical, social and mental well-being. The health outcomes from the basic skills work reflect this broad definition.
2. However provision seems to be very patchy and uncoordinated. Many practitioners seem to be working in the dark and developing their own strategies with little opportunity to link up and learn from other initiatives.
3. In trying to identify how basic skills provision affects health it seems to be possible to identify three ways in which this is done: directly, intermediately and indirectly.
  - Direct health needs are met when learners are enabled to access immediate health information and services. This may be through a direct health curriculum, though we could find few examples of this, or it could be met through the revision of health information to make it accessible to individuals with literacy and numeracy skills needs. Good examples of this work are reliant on strong partnerships between learning providers and health providers and there is a pooling of expertise.
  - Intermediate health needs are met when learners are encouraged to partake in activities which result in changed health behaviours, for example cooking classes that promote healthy eating, or through financial literacy classes which enable individuals to manage money more effectively and frees them from the stress of debt. It would appear that many basic skills providers felt more comfortable with this type of provision rather than in delivering direct health-needs related curriculum. This type of provision was sometimes delivered in partnership with health services, though usually where health services were the referring agency.
  - Indirect health needs are met when interventions improve the way that services can be accessed or are made more accessible to communities and groups as a whole. This may include provision that promotes social inclusion of previously excluded groups, or where there are changes to practice (the previous example of the psychiatrist is relevant here).
4. Given the short time scale for this exercise it was impossible to gauge at what level these health outcomes were experienced by individuals with basic skills needs. No clear evidence was given as to whether the projects improved individual's functional literacy skills, communicative literacy skills or critical literacy skills with regard to learning about health.

5. The vast majority of provider's recognised increased self-esteem and confidence as a health outcome from the work they were doing. What attitudinal changes to health behaviours this resulted in is impossible to say at this stage. Equally it would be impossible to say how long lived these attitudinal changes might be and what health impacts they might result in.
6. Within the field it became clear that there is no clear understanding of the concept of health literacy or how literacy and numeracy skills and health might be more effectively brought together. A clear definition of how basic skills and health literacy impact on individuals lives would be beneficial so that practitioners can be clearer in what provision they offer they offer and why, what outcomes they can achieve and how they can maximise basic skills and health outcomes.
7. Such a definition would enable providers to more effectively measure outcomes. Measurement of hard outcomes such as accreditation, readmission rates to hospital, appropriate use of medication, take up of screening services etc may be easily measurable. It would be interesting to develop such a cross-sector evaluation methodology – no such examples were found to exist. Measuring soft outcomes such as increased sense of personal control, reduced anxiety, increased social networks, perceived quality of life are also important outcomes to measure from this type of work given that they are often immediate, precipitate harder outcomes but also increase the chances of achieving harder outcomes and targets.
8. It has also become clear that learners find their way into learning through many and varied routes. Good adult learning practice tells that hooking into learners motivations and interests creates an energy and a dialogue that often leads onto other learning needs and interests being expressed. Learners therefore need support to move around and follow where their interests and motivations take them. This symbiotic relationship between learning and health is summed up by Marcia Drew Hohn as

*“Language and literacy learning facilitates the dialogue about health and health catalyses the motivation for language and learning.”* (Drew Hohn 1998)

Parenting classes are an obvious example of this, where parents are engaged by an interest and concern for their children's well-being but often continue with learning for their own needs as well as for their children. Practitioners need support to encourage learners to maximise this interest and increase motivation so that opportunities are not missed for on-going learning.

9. A huge expansion of basic skills teaching is in workforce development and health services have embraced this fully. However, we could find no examples of this work extending beyond the needs of the workforce and reaching the needs of patients. However, interesting anecdotal evidence was given showing that there were indirect health needs being met through the improved basic skills needs of NHS staff. For example one area reported that nurses had requested support in drug calculation. In another area care workers were reported to be more fully and more confidently completing handover notes. Sadly, it was also anecdotally reported that health managers and more senior health practitioners seemed happy

to expect their own staff to improve their basic skills but were less interested in reflecting upon or improving their practice by attending basic skills awareness sessions or engaging in initiatives to assess or refer patients with literacy and numeracy skills needs.

10. Conducting the environmental scanning exercise highlighted where developmental work in other areas shared similar good practice and also barriers to good practice.

- NIACE facilitates a consortium of ‘Prescriptions for Learning’ projects. These projects base learning advisers in G.P. surgeries. Learning advisers work with individuals to enable them to access learning, including basic skills learning. Learning advisers have developed a range of strategies for ‘winning’ over G.P’s and healthcare staff to the positive health impacts of learning for their patients. Health practitioners have raised concerns about how to make referrals, particularly where patients have been identified as having literacy and numeracy skills needs. This perhaps highlights the extent of the stigma about basic skills when health professional can feel comfortable talking about all manner of other personal issues with individuals but not basic skills needs.
- NIACE also manages a project on Embedded Basic Skills. This project looks at how basic skills provision should be embedded within an organisations whole approach and that practitioners can be upfront about basic skills when learners see that they are relevant to them. Issues emerging from this work show that there are dangers when it can seem as if tutors are ‘teaching basic skills through topics’ and again literacy and numeracy skills are best delivered when they are seen to be relevant and meaningful and can then be explicit.

11. When looking for projects which involved specific target group of older people in regards to health and basic skills there was an apparent gap in provision. Learning and health in regards to older people is frequently about health promotion or activities that are aimed at physical fitness and maintaining mobility and strength rather than specific basic skill exercises. There were some interesting projects that focussed on financial literacy though these projects did not look for health outcomes in what they were doing. The NIACE briefing sheet states there is recognition that ‘Staff training should provide greater awareness of the needs of older learners, the ways they learn, and, in particular, the life phases and transitions that often precipitate financial crises and helplessness.’

## **Conclusion**

This report has shown that there is a breadth of practice that links in one way or another literacy and numeracy skills learning in a health promoting context. However, there appears to be a greater need for clarification as to how these two areas of work can be further developed and expanded upon.

Further development needs to be based on what we all already know as good practice in adult learning and health promotion. This good practice often exists separately from each other so further development of this area of work needs to be built on sound partnerships between health and education providers.

There is a need to test out different models and approaches and to learn from other initiatives that link learning and health. Opportunities to learn from good practice in this country and from abroad would be beneficial for practitioners. The potential impact of further developing this work for individuals with literacy and numeracy skills needs would be immense.

## Appendix

### Literature Review

References containing information about projects combining health and basic skills

**Desira, Charlotte, (2002), The East of England Learning Partnerships Health and Lifelong Learning research Project, The research Centre, City College Norwich**

This piece of research gives an overview of learning and health projects that operate in the East of England. Most of the demonstration projects emphasise general learning rather than basic skills. They recommend future projects to be clear about the target group so that any learning opportunities are sensitive to the groups' needs. A variety of approaches for service delivery were apparent, such as multi-agency approaches and flexible courses run in familiar non-school environments.

**DfES, (2001), Yesterday I Never Stopped Writing, Alden Press, UK**

This report looked at 21 diverse projects that aimed to develop basic skills opportunities for adults with learning difficulties or disabilities. It highlights the issues that emerged from the projects in order to promote future good practice. Embedding basic skills in other interest areas was a positive way to engage learners. The more control the learners had over the direction of their learning the more empowering it was and helped them to develop their self-confidence. Difficulties included agencies being able to understand each other, as they often had different ways of working.

**Drew Hohn, Marcia, (1998) Empowerment health education in adult Literacy in adult education: A Guide for Public health and Adult Literacy Practitioners, Policy Makers and Funders.**  
[www.nifl.gov/nifl/fellowship/reports/hohn/HOHN.HTM](http://www.nifl.gov/nifl/fellowship/reports/hohn/HOHN.HTM)

A report on a health and literacy project in Massachusetts, USA and the lessons learned from the project. The report also includes recommendations on the value of empowerment health education embedded in adult literacy and the value of health as a context for language and literacy learning

**Durbin, H, & Summer, S (2001), Literacy Links to Health: a basic skills approach to tackling health inequalities, CEDC,**

The publication concentrates on the Harlow Literacy Links to Health programme as a demonstration programme that links learning and health. It identifies some other projects that have combined learning and health.

**Eldred, Jan & Haggart, Jeanne (2002), The Generation Game; case-studies of family and inter-generational learning from the Adult and Community Learning Fund, NIACE**

These case studies include some projects that have included basic skills and health, including health outcomes. Often 'soft outcomes' such as an increase in confidence and self-esteem amongst the participants were recognised. Other health and well-being outcomes are not well documented reflecting the fact that the projects were not always looking for or aiming to have any health benefits.

**Hublely, John, (2002), Health Empowerment, Health Literacy and Health promotion – putting it all together. [www.hublely.co.uk](http://www.hublely.co.uk)**

This report looks at the concepts of health education, health literacy and empowerment and explores ways in which these terms can usefully be brought together to create health empowerment. He uses the concept of health literacy as being the development of cognitive and communicative skills and self-efficacy as being the development of affective and cognitive skills which together creates health empowerment.

**James, K (2001), Prescribing Learning: a guide to good practise in learning and health, NIACE**

This guide outlines some of the good practice happening in learning and health. It also discusses issues that programmes have faced and how they have overcome any problems. The guide recommends the need for further development in this field. Included in the guide are some health projects that include basic skills learning. It also highlights ways of combining health and learning, as well as outlining the possible health outcomes from these developments.

**Nutbeam, Don, (1998) Health Promotion Glossary. Health promotion International Vol 13 No 4 Oxford University Press**

This paper was originally prepared as a resource document for the 4<sup>th</sup> International Conference on Health Promotion – new Players for a New Era: Leading Health Promotion into the 21<sup>st</sup> Century, Jakarta, Indonesia, 21-25 July 1997. With the continued development of ideas this revised document provides an updated overview of the many ideas and concepts that are central to contemporary health promotion.

**Nutbeam, Don (2000) Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21<sup>st</sup> century. Health Promotion International. Vol 15 No 3 Oxford University Press**

This report looks at the concept of health literacy. It examines how health education has failed in the past because it has failed to address the social and economic determinants of health. This report highlights health literacy as a key outcome from health education. It distinguishes between functional health literacy, interactive health literacy and critical health literacy, and thereby states that health literacy is not just about the transmitting of health information but about improving peoples access to health information and capacity to use it effectively. Health literacy is therefore critical to empowerment.

**Shohet, Linda, (2002) Health and Literacy: Perspectives in 2002. [www.staff.vu.edu.au](http://www.staff.vu.edu.au)**

This report looks at the concept of health literacy and literacy from a Canadian perspective. It maintains that the scope of practice in these fields has remained fairly static. The report states that these fields are now moving together with opportunities to consolidate knowledge, to form partnerships and to integrate literacy and health.

**Wertheimer,A, Sutcliffe,J, Taylor, C, (2001) Yesterday I Never Stopped Writing. London DfES**

This report looked at 21 diverse projects that aimed to develop basic skills opportunities for adults with learning difficulties or disabilities. It highlights the issues that emerged from the projects in order to promote future good practice. Embedding

basic skills in other interest areas was a positive way to engage learners. The more control the learners had over direction of their learning the more empowering it was and helped them to develop their self-confidence. Difficulties included agencies being able to understand each other, as they often had different ways of working.

### **Other useful references**

#### **Aldridge, Fiona & Lavender, Peter, (2000), The Impact of Learning on Health, NIACE, Leicester**

A postal survey of known adult learners was carried out concerning the impact learning had on their health. The findings emphasise that any type of adult learning can have a positive impact on people's health both physically and mentally. A high number of respondents had health gains, an increase in self-confidence and experienced personal development. Some respondents felt that learning made their illness and pain more bearable. There was also an improvement to family health and in general better health behaviours. A few learners had some negative health benefits such as stress and anxiety, with some individuals going through life changes in relation to their family and personal lives since taking up learning opportunities. The findings did not relate specifically to people taking part in basic skills learning.

#### **BSA,(2001), Adult Literacy, Core Curriculum, BSA, London**

#### **DfES, (2001), Adult Numeracy, Core Curriculum, BSA, London**

These outlines are central to the government's national strategy on basic skills. They describe the content of what should be taught in literacy and numeracy programmes in adult and further education. They provide tutors with a clear set of skills required to meet national standards. Health is not an explicit area of the curriculum rather it appears sometimes in relation to 'sample activities' regarding how to achieve the required skills, knowledge and understanding of certain levels. These sample activities are open to the interpretation of the tutor in regard to the emphasis on health or not.

#### **Dench, Sally & Regan, Jo (2000), Learning in Later Life: motivation and impact, RR 183, DfEE, London**

This report looks at older people, learning and any links to health, but not in regard to basic skills or through making example of any specific projects. The survey used illustrated how learning had an impact on individual's well being. Learning helped people's enjoyment of life, self-confidence and ability to cope with everyday life. The respondents saw an increase in their satisfaction with other areas of their life. Motivations to learn ranged from intellectual to personal gains.

#### **Derrick, Jay, (2002), Accessing the Skills Escalator: Basic Skills Development Projects within NHS Trusts, NIACE, Leicester**

The report looks at the progression and range of projects within the NHS that try to increase the workforces' level of basic skills. It identifies that most provision is currently ad-hoc rather than part of a strategic approach. This has had the effect of reducing the projects' over all impact. The basic skills delivery within most projects has so far been limited. Provision has worked well when there have been partnerships with local educational providers and NHS Trusts.

**Eldred, Jan (2002), Moving on with confidence: Perceptions of success in teaching and learning about adult literacy, NIACE, Leicester**

This paper emphasises how much learning is related to a growth in learners and tutors confidence. Eldred highlights, “The changed behaviours, which form the evidence of a growth in confidence, should therefore, be part of the process of assessing and recording success in the literacy learning journey”. Learners reported an increase in confidence even when they were unable to obtain nationally set targets. Confidence is an important indication that individuals are learning successfully. Specific to health and basic skills is the relevance of tutors and staff being aware of basic skills issues and therefore better able to support learners in order to have positive outcomes, especially in terms of confidence.

**Grief, Sue, Murphy, Helen, Nijar, Bhupinder, Taylor Chris, (2002), Opening up a New World; A good practice guide for delivering basic skills and ESOL in the local community, NIACE, Leicester**

This guide is based upon the above evaluation and provides important issues to consider when starting a programme to deliver basic skills, especially to ‘hard to reach’ individuals.

**Grief, Sue & Taylor, Chris (2002), Evaluation of the Basic Skills and ESOL in Local Community Projects, NIACE and the LSC, copies available from [www.lsc.gov.uk](http://www.lsc.gov.uk)**

The local community basic skills pilot projects were found to be effective in building the capacity of education providers and their partners to provide basic skills learning opportunities. Basic skill awareness training of employees from the community, education and health sectors increased the possibilities of outreach work. Emphasis was placed on projects needing time to train staff in relation to basic skills before the projects began. Effective partnerships were key to the success of projects. However, establishing new provision in community settings was often expensive in terms of the time and energy required by partners. Embedding basic skills offered the advantage of attracting people in relation to their interests, especially people considered as hard to reach. Asylum seekers and refugees were the most enthusiastic about learning, with more women in general likely to take up learning opportunities than men. Feedback from the participants was essential in determining the direction of the current and future projects.

**National Service Framework – For Older People, [www.doh.gov.uk/nsf/olderpeople.htm](http://www.doh.gov.uk/nsf/olderpeople.htm)**

“The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS with support from councils” In summary the framework wants action that will help reduce the impact of illness and disability on older peoples’ health and well-being. This work includes identify barriers to healthy living and working in partnership with other agencies to develop healthy communities. Health promotion activities of specific benefit to older people are encouraged. There is also the aim of ensuring staff have the right skills to deliver high quality services, this is to be driven by the national workforce development board. Learning is not mentioned beyond health issues and staff training does not include basic skills awareness.

**NIACE (2001) Voluntary and Community sector Basic Skills and ESOL fund, final report, by NIACE, NACVS, DfES**

Summarises the result of the funding, which was provided for organisations in the community sector to train staff in basic skills awareness training and / or basic skills and ESOL tutoring. A greater awareness of basic skills and ESOL was welcomed by the majority of community based organisations, as it was seen as an enhancement to their service users although it was not necessarily the highest priority. The project did well in reaching learners who so far have not benefited from more traditional provision.

**Soulsby, Jim, (2000), Fourth Age Learning report, DfEE and NIACE**

This report looks at the range of courses and learning specifically available for older people. In categorising the courses and activities available in certain centres and housing organisations it does not have basic skills courses, and only a few places offered ESOL courses. Some of the courses concerned health issues but not basic skills. The findings concluded that the main courses available were limited to activities related to entertainment or involve certain group settings. Personal development was not a common element in most programmes.

**Links with Basic skills and NHS workforce**

- Jay Derrick, consultant, Skills Escalator, database on provision for basic skills and staff of NHS
- Ed Young, Workforce Learning Development Manager North East
- Margaret Mitchell, Workforce Development Project Development Manager, North West

All these contacts knew of projects that enabled potential or current NHS staff to take up learning opportunities that embedded basic skills where necessary. Basic skills were always embedded in a subject related to employment training in order to avoid any stigma for participating. Some of the problems included making managers aware of the needs of the workforce and in making sure there was time available for basic skills training. The projects were not raising awareness of NHS staff about the basic skills needs of patients.

**Website addresses contacted that have not resulted in finding the relevant types of provision, but are related to the issues discussed**

- Basic Skills Agency,

[www.hda-online.org.uk](http://www.hda-online.org.uk)

[www.haznet.org.uk](http://www.haznet.org.uk)

[www.lifelonglearning.co.uk](http://www.lifelonglearning.co.uk)

[www.basic-skills.co.uk/](http://www.basic-skills.co.uk/)

Health Development Agency

Health action Zones

BS for learners with learning difficulties and or disabilities.

Basic Skills Agency

[www.lsc.gov.uk](http://www.lsc.gov.uk)  
[www.dfes.gov.uk/readwriteplus/](http://www.dfes.gov.uk/readwriteplus/)  
[www.ukpha.org.uk](http://www.ukpha.org.uk)  
[www.rowa.co.uk](http://www.rowa.co.uk)

[www.learningbenefits.net](http://www.learningbenefits.net)

[www.chuk.org.uk](http://www.chuk.org.uk)  
[www.tower.ac.uk/](http://www.tower.ac.uk/)

The Learning and Skills Council  
Skills for life, read write plus  
UK Public Health Association  
Read On Write Away (ROWA), Derbyshire  
Family Learning (basic skills) programme  
currently does not include health in its work.  
The Centre for Research on the Wider Benefits  
of Learning  
Community Health UK  
Tower Hamlets College

## Table of Projects

### Provision identified under the three main areas that demonstrate:

1. Any learning opportunities where individuals have been learning about health related issues and basic skills have been identified or incorporated into the learning.

<b>Programme Details Regional Programmes</b>	<b>Description</b>	<b>Source</b>
<p><b>London Borough of Redbridge</b> Sarah Thistle Redbridge Teachers Centre, Melbourne Road, Ilford, IG1 4HT Tel: 0208 478 3706</p>	<p>Family Learning and health education as a way of improving basic skills. Educational levels varied among the group, advice about other basic skills courses given. Staff basic skills awareness training was included. Change in health related behaviour and positive learning experience, which led to the take up other learning opportunities.</p>	<p>Adult and Community Database</p>
<p><b>Crucial Crew</b> Keith Dodson South Yorkshire Police, Castle Green Annex, Snig Hill, Sheffield, S3 8LY Tel: 0114 252 3529</p>	<p>Target group black and ethnic minorities, refugees and asylum seekers. Aim to improve groups functional literacy skills through personal safety training. The target group have been shown to be more at risk from unintentional injury and do not fully understand how to make best use of '999' services.</p>	<p>Adult and Community Database</p>
<p><b>Community Arts Programme</b> Helen Scott / Viv Morgan Plymouth College of FE Martins Gate Neighbourhood College, Bretonside, Plymouth, PL4 0AT Tel: 01752 301 301 / 360 749</p>	<p>Arts and crafts / health education of community members, included adult basic literacy and numeracy.</p>	<p>L+H Database</p>

<p><b>St Sidwells Centre</b> Exeter, Devon County Council www.literacytrust.org.uk</p>	<p>Healthy Living Centre includes provision of basic skills teaching. Funded by New Opportunities Fund. Aims to improve health and contribute to social inclusion. Activities include parenting skills, basic skills and computer skills and more.</p>	<p>Literacy trust database</p>
<p><b>Bromley By Bow Centre</b> St Leonards Street, Bromley By bow, London, E3 3BT Tel: 020 8709 9700</p>	<p>Offer different community courses within the centre. Basic skills learning is integrated into some courses with a health and food focus. Over a hundred community activities a week.</p>	<p><a href="http://www.bbhc.org.uk">www.bbhc.org.uk</a></p>
<p><b>Health Norfolk 2000</b> Adele Godsmark, Health Promotion / Adult Education Consultant, Norfolk Health Authority, St Andrew's House, St Andrew's Business Park, Thorpe St Andrew, Norwich, NR7 0HT, Tel: 01603 307 356</p>	<p>Offered different health related courses with basic skills content. Courses advertised and held in local facilities in order to reach the community.</p>	<p>CEDC</p>
<p><b>Plot to Plate</b> Sue Walker Ganders Ash, Loves Hill, Timsbury, Bath</p>	<p>Gardening workshops and cooking demonstrations to improve healthy eating of learners. Provided basic literacy and confidence building on one-two-one basis depending on learner's needs. Principle aim and motivation of participants was to improve gardening skills. All basic skills advice on a personal level not as an integral part of the project.</p>	<p>L+H Database</p>
<p><b>The Balsam Project</b> Sue Plaice The Balsam Centre, Balsam Park Wincanton, BA9 9HB: Somerset, 01963 31 842</p>	<p>Food Project including food co-op, also Therapeutic Horticulture, linked with THRIVE, participants who are identified as having basic skills needs are referred to local college, which operates from the same building and they have close links with. Work with people with mental health problems.</p>	<p>Sustain database</p>

<p><b>Health, Food and Gardening Project</b>  Ms Jill Kibble  Keighly Healthy Living Network, 43-49 Lawkholme Lane, Keighly, BD21 3EA  Tel: 01535 677 177</p>	<p>Encouraged community members to improve oral English skills and health benefits of gardening. Improved English skills and confidence in using services in town. Improved perceptions of personal health and actual well-being.</p>	<p>ACLF Database</p>
<p><b>Gardening 4 Health</b>  Carlton Smith  Bradford Community Environment Programme Unit 14, Carlisle Business Centre, 60 Carlisle Road, Bradford, BD8 8BD  Tel: 01274 223 236</p>	<p>Target group women, black and ethnic minorities, aim to learn about growing food as a medicine and for first generation Bangladeshi women to improve their English. The women only environment enabled the group to participate in activities that they are usually excluded from due to cultural barriers. Physical fitness.</p>	<p>ACLF Database</p>

**2. Any basic skills opportunities addressing the needs of specific user groups that had an identified health outcome.**

<p><b>Isle of Wight Council Arts Unit</b> Sophie Jeffrey The Guildhall, High Street, Newport, Isle of Wight, PO30 1TY Tel: 01983 823 849</p>	<p>Teaching art to people with social / health needs, emphasise on basic skills and creative skills</p>	<p>ACLF Database</p>
<p><b>Zion Training Garden</b> [no contact address]</p>	<p>Through gardening Basic skills were addressed, participants had mental health needs</p>	<p>ACLF Database</p>
<p><b>Bridge Women's Education and Support Centre</b>, North Durham, Ms Shelia Davidson, Grasmere Terrace, Columbia, Washington NE38 7LP Tel: 0191 417 2445</p>	<p>Women experiencing mental health difficulties or recovering from mental illness were given one-two-one basic skills support. Learning opportunities tailored and modified for women with learning difficulties, via empower programme. Health outcome: self-esteem, confidence, felt more control of their lives. Lasting impact: includes successful preventative Mental Health strategy, impact on social services 'inreach' work.</p>	<p>ACLF Database</p>
<p><b>Bedford Garden Carers (BGC Enterprises)</b> Sharon Hart Kingsway House, 13 Kingsway, Bedford, MK42 9BJ Tel: 01234 352 899</p>	<p>Health and basic skills combined in courses such as 'Fit for Life' where adults with learning difficulties took part in sport activities and seminars about health, each person kept their own portfolios.</p>	<p>ACLF Database</p>
<p><b>TASHA Foundation</b> Chi Maher Alexandra House, 241 High Street, Brentford, TW8 0NE Tel: 0208 569 9933</p>	<p>Target group people with mental health difficulties. Leisure based courses, first taster sessions followed by vocational courses. A fifth of the group had real need for basic skills support and improvement.</p>	<p>ACLF Database</p>
<p><b>Spitalfields City Farm Training Programme</b> Helen Standring Weaver Street, London, E1 5HJ Tel: 0207 247 8762</p>	<p>Men and ethnic minorities including people suffering from mental illness or recovering from addiction. Individuals work on the farm and offered accredited training as well as basic skills support.</p>	<p>ACLF Database</p>

<p><b>Dudley Arts Programme,</b> Clive Holmwood / Polly Wright National Schizophrenia Fellowship Criterion House, 120 King Street, Dudley, DY2 8NZ Tel: 01384 869 898</p>	<p>Target group mental health, theme arts, basic skills support will be offered. Hope to improve participants confidence.</p>	<p>ACLF Database</p>
<p><b>Mind-IT, Hampshire</b> Marisa McClelland Age Concern Building, Romsey road, Eastleigh Tel: 023 8061 1475</p>	<p>Teaches basic skills to more advanced IT depending on individuals needs. Target group is adults with mental health problems. Aim to increase skills and confidence.</p>	<p>Newspaper search</p>
<p><b>4U Project</b> 14 Ongar Rd, Warley, Brentwood, Essex, CM15 9AX Tel: 01277 234 246</p>	<p>Basic skills aimed at those with mental health and disabilities.</p>	<p>Newspaper search www.mind. Org.uk</p>
<p><b>Steps to Success,</b> QEST, Waltham Forest Supported, Housing Scheme, London Borough of Waltham Forest <a href="http://www.richmondfellowship.org.uk">www.richmondfellowship.org.uk</a></p>	<p>Learning difficulties, mental health problems, Basic skills training</p>	<p>Newspaper Search</p>
<p><b>The Learning Key Scheme</b> Mr Barnett, WHERE, Wellington, Wellington Health Education Resource Enterprise Tel: 01823 665 896</p>	<p>Targets people with physical and sensory disabilities. Aim for people to be more confident and independent through improving their basic skills and going onto further learning opportunities.</p>	<p>Newspaper search</p>
<p><b>Bridges to Education,</b> Interact In Chelmsford, Clacton and Waltham Abbey and North Essex. <a href="http://www.interact.orh.uk/educ.htm">www.interact.orh.uk/educ.htm</a></p>	<p>Target people in rehabilitation from mental illness and young people with learning difficulties. Partnership with local NHS trust and local social services. Aim to help people access further education. One-two-one support through ‘buddies’, basic skills addressed where appropriate but not specific aim.</p>	<p>EELP</p>

<p><b>Darlington Mind</b>  Helen Ellison  St Hilda's House  11 Borough Road  Darlington  DL1 1SQ  Tel: 01325 283 169</p>	<p>People suffering from mental distress targeted. IT training given to people referred to the organisation through GPs. Improving basic skills is done where necessary, although the demand has not been large. Offer a flexible and relaxed environment, with high staff ratio. Result improved self-esteem, motivation and development of coping skills, aims to be empowering.</p>	<p>VONNE Database</p>
<p><b>Middlesbrough Adult Education Centre / St Luke's</b>  Middlesbrough</p>	<p>Target group people with mental illnesses. Basic skills incorporated into existing community-skills group, run by the occupational therapists. Different courses well attended. Staff and patients benefited. Staff saw patients in different light, appreciating more skills than previously thought they had. Basic skills awareness training also given to staff.</p>	<p>Prescribing Learning 2001, 83  L &amp; H Database</p>
<p><b>Didcot Umbrella Group</b>  Ann Honeyball,  Didcot Community Education  147 The Broadway, Didcot,  Oxon, OX11 8RU  Tel: 01235 812 002</p>	<p>Trying to create learning opportunities for young parents. Basic skills and courses in parenting, first aid and more.</p>	<p>The generation game (2002)</p>
<p><b>Warren Park Primary School</b>  Colin Harris  Sandle Road, Warren Park,  Havant, PO9 4LR</p>	<p>Family programme at school – family literacy, family numeracy, family ICT. Work with health professionals to include health education programme. Parents feel valued and involved in school community and some have experienced an increase in confidence.</p>	<p>Family Learning Data</p>
<p><b>Learning Together</b>  Cheshire County Council  Family Education Programme  <a href="http://www.literacytrust.org.uk">www.literacytrust.org.uk</a></p>	<p>Brings together family members to learn skills such as healthy eating, keep fit. Parents continue to study these skills and develop their basic skills separately from the children.</p>	<p>Literacy trust database</p>

<p><b>College in the Clinic</b> Mrs S Moore Nursery Park Medical Group, Nursery Park Road, Ashington, Northumberland, NE63 0HP Tel: 01670 528 100</p>	<p>Health education to young mothers and baby group, includes basic skills. Enhanced parenting skills, mothers more effective at coping.</p>	<p>Family Learning Data</p>
<p><b>Men &amp; Children Learning Together</b> Kathy Bowles, Cambridge Regional College City Centre Campus, Newmarket Road, Cambridge Tel: 01223 532 345 <a href="http://www.literacytrust.org.uk">www.literacytrust.org.uk</a></p>	<p>Skills /sport workshop set up. Aim to include dads in family literacy. The course covered numeracy and literacy, gave parents ideas about how to play/work with their children. Gain physical fitness. ACLF received.</p>	<p>Literacy trust database,  The generation game (2002)</p>
<p><b>The Young Women's Project</b> Rox Marler Girls Friendly Society [see below], Great Yarmouth Tel: 01493 852253</p>	<p>Project for women under-25 who are pregnant or have children. Aim to be a 'one stop shop' for the mothers. Offer support and courses on basic skills and health issues such as 'Baby talk' and family learning. Partnership with Local Educational Providers.</p>	<p>Conference info.</p>
<p><b>Owlerbrook Happy Families</b> Laila Wragg Wensley St, Sheffield, S4 8HQ Tel: 0114 243 8611</p>	<p>Part of SureStart. Work with parents and children. Offer English classes, confidence building, planning health initiatives, 1<sup>st</sup> Aid, assertiveness training. Families include those suffering from Social Exclusion and Ethnic minorities. Outcome confidence building and improved communication skills.</p>	<p>Family Learning Data</p>
<p><b>Travellers Family Learning</b> Tamara Lawton Park Lane College Burton Road Campus, Burton Avenue, Leeds, LS11 5EA Tel: 01604 62 8847</p>	<p>Learning activities grew out of a BS women's group to support women from the traveller community. Aim for parents to help children to develop. Included health days and activities.</p>	<p>The generation game (2002)</p>
<p><b>Nottingham Traveller Team</b> Sue Warriner Bulwell Health Centre, Main St, Bulwell, NG6 8QJ Tel: 0115 977 0022</p>	<p>Multi-agency approach including health and education providers. The aim is to work with the travelling community to provide health and educational services and learning to meet individual needs, such as adult literacy classes.</p>	<p>Nottingham HAZ database</p>

<p><b>STAR Project</b> Southwark College Greater London www.literacytrust.org.uk</p>	<p>Basic Skills and community based learning activities to clients of an alcohol rehabilitation centre. Basic skills builds on support programme such as anger management. Receives ACLF</p>	<p>Literacy trust database</p>
<p><b>NEARIS Learning Support</b> David Haley 4<sup>th</sup> Floor, Swan Building, 20 Swan street, Manchester, M4 5JW Tel: 0161 834 1661</p>	<p>Target group refugees, offenders, theme rehabilitation and health, aim to make adult learning more accessible.</p>	<p>ACLF Database</p>
<p><b>Fareham College / Alpha Project</b> Maggie Flavell Action for Learning, Fareham College, Bishopfields Road, Fareham, PO14 1NH Tel: 01329 815 230</p>	<p>Target groups, residents of Alpha House on rehabilitation courses. Offer basic skills diagnosis and one-two-one support, sessions can continue once left Alpha house, sessions include issues related to health.</p>	<p>CEDC</p>

**3. Examples of attempts to heighten awareness of the basic skills needs of NHS patients among NHS staff.**

<p><b>Arts in Health</b> Jackie Sands, Sonia Khan Stratford Circus, Theatre Square, Stratford, London, E15 1BX 0208 279 1003</p>	<p>ESOL and basic skills learning offered, helping people to improve oral English skills and translation skills. Change in motivation of in-patient participants and staff attitudes.</p>	<p>ACLF Database</p>
<p><b>Health Workers and Basic skills in the community Thurrock</b> Celia Suppiah, Community development Specialist Nurse, 23-25 Calcutta Road, Tibury, Essex Tel: 01375 858 512</p>	<p>Aim to raise an awareness of basic skills needs in the community amongst health workers. The health workers encourage parents to learn basic skills, to go on courses, sometimes related to specific health matters such as breast-feeding and child development. Also health workers develop materials that are user friendly for people with basic skills needs. Partnership formed: local Adult Community College and Primary Care NHS Trust</p>	<p>EELPs CEDC</p>
<p><b>Literacy Links to Health</b> Hilary Durbin Harlow, Essex North and West Essex Adult Community College, Essex County Council</p>	<p>Aim to explore the ways in which front-line workers could help people with low basic skills to get the most out of health and other services. First part of a project leading onto other basic skills activities. Partnerships: North Essex health Promotion, funded by ACLF. Work also with Community Education Development Centre. Aim to develop literacy needs counselling skills for health workers. Basic Skills and Health 2000-2001 – programme of health courses linked to basic skills, such as first aid, ‘look good – feel good’. Open to community</p>	<p>CEDC, Literacy Trust database</p>

<p><b>Whose Health is it Anyway? Leeds HAZ</b> Leeds City Council <a href="http://www.literacytrust.org.uk">www.literacytrust.org.uk</a></p>	<p>Promoting health needs of people with learning difficulties – highlighting problems with accessing health care, among many issues is communication and literacy difficulties. Interactive methods of exploring issues and dilemmas. People with learning difficulties present to an audience of carers and health professions a number of scenarios everyone discusses possible solutions to increase staff awareness.</p>	<p>Literacy Trust database</p>
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**National Projects: the link of health and BS are not always explicit**

<p><b>Thrive</b> Thrive Geoffrey Udall Centre Beech Hill Reading RG7 2AT <a href="http://www.thrive.org.uk">www.thrive.org.uk</a>,</p>	<p>National charity uses gardening to improve the lives of disadvantaged, disabled and older people. Through gardening projects they learn basic skills and experience health benefits of gardening.</p>	<p>EELPs</p>
<p><b>Stonham Housing</b> <a href="http://www.stonhamhousing.org.uk">www.stonhamhousing.org.uk</a></p>	<p>Piloted 11 projects in basic skills, sometimes embedded in courses related to health, such as cooking and gardening. Reach socially excluded, such as people with alcohol and substance misuse problems, people with learning difficulties and mental health problems. The projects have included staff basic skills awareness training and they have now produced an information pack for staff.</p>	<p>Their website and literacy trust website.</p>
<p><b>Girls Friendly Society</b> <a href="http://www.gfsplatform.org.uk">www.gfsplatform.org.uk</a></p>	<p>Four community projects, target women under 25 usually with children. Offer ‘one-stop-shop’ service including basic skills, building self-esteem, confidence building, living and parenting skills, sometimes health visitors available. Work in partnership with other organisations.</p>	<p>Website, project above (Gt Yarmouth), The generation game (2002)</p>

<p><b>Book Start</b>  <a href="http://www.bookstart.org.uk">www.bookstart.org.uk</a></p>	<p>Health workers encouraging parents to start reading books to their babies and children through a book pack. Health workers training in identifying parents basic skills needs. The basic skills element and health benefits not made explicit though. Health Visitors and Librarians work together.</p>	
<p><b>Sure Start</b>  <a href="http://www.surestart.gov.uk">www.surestart.gov.uk</a></p>	<p>Aim to achieve better outcomes for children, parents and communities, including supporting parents in employment opportunities and offering family and health information. Programmes include ‘children’s centres’ in deprived areas: aim to offer support and education on health and family issues including support with employment opportunities. Difficult to know what is happening in specific projects. Many include health and basic skills.</p>	

