

**Environmental
Scanning Exercise
Executive Summary**

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Executive Summary

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 basic skills within a health promoting context.

Research brief outline

The brief was to identify three types of provision:

- 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.
- Literacy and numeracy learning for specific groups of learners with health needs.
- Initiatives to heighten awareness of the literacy and numeracy skills needs of NHS patients among NHS staff.

Defining health and basic skills

For the purposes of the environmental scanning exercise we defined health and basic skills in the following ways.

Health is defined as:

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

This definition of health provides an interpretation of the wider determinants of health and an indication as to how education and learning can impact 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 in later life. 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 (self-esteem) and resilience to stress

We have used the definition of basic skills as used by the Basic Skills Agency and NIACE. Basic skills are defined:

“The ability to read, write, listen and speak in English, and to use mathematics at a level necessary to function at work and in 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.

These definitions are relevant to the findings of the environmental scanning exercise. The broad definition of health was adopted by providers and therefore impacted on what they were trying to achieve when they set up provision and the outcomes they sought to deliver. Secondly the definition of basic skills was also very evident in the way that providers engaged learners. The concept of trying to provide literacy and numeracy provision that was purposeful and meaningful for learners was particularly strong with some providers.

Methodology

The first task of the research was to locate projects that already combined a health and literacy/numeracy learning element in their work according to the three types of provision highlighted in the research brief.

Projects were identified by trawling databases of projects known to NIACE, and databases of other national and regional organisations such as Community Education Development Centre, Regional Development Agencies, Health Development Agency and the National Literacy Trust. Evidence was collected by reading and analysing project reports, telephone calls and email calls for information to email discussion groups. Given the short time span of the research brief we were unable to conduct more in-depth research or carry out site visits.

Secondly, all project information collected was analysed in order to highlight any emerging key issues for consideration. This also enabled us to highlight aspects of best practice being carried out by projects.

Health Warning

Given the short time span given to the research (under three weeks in total) this report and its findings cannot be regarded as conclusive. The recommendations are based upon initial observations that may or may not stand the test of further investigation. Neither can it be conclusively stated that the projects listed are the majority of projects that are currently operating, or that the examples of best practice are the only examples of good practice. Many of the examples of good practice were already well known and well documented. One of the findings seemed to suggest that provision is patchy and uncoordinated. However, the uncoordinated nature of this field of work may have had a detrimental effect on our ability to make contact with providers and in identifying best practice, which may have made the level of provision seem patchier than it really is.

Given the short time span it was not possible to visit projects. Therefore we had to rely on project reports and conversations to understand what projects were trying to achieve and to ascertain how effective their practice was. It was impossible to test out statements such ‘flexible and accessible curriculum’ or outcomes such as ‘raised self-esteem’.

We are also aware that the particular needs of speakers of English as a second language have not been addressed.

What constitutes best practice?

Some provision came to our attention as offering positive examples of ways of combining literacy and numeracy learning with health related learning. When looking for best 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 their own agenda, which recognised the wealth of experience of learners and involved them as active participants in their learning.

Aspects of best practice included:

- Good working relationships between education and health providers.
- A dialogue between learners and providers which resulted in increased understanding for both stakeholders.
- Examples of the benefits of training health staff of the literacy and numeracy needs of their patients and service users.
- Innovative ways to reach and engage learners.
- Evaluation of the outcomes for participants and people involved in the projects.
- Specific needs of particular groups that were catered for and met.

Examples of best practice were to be found in:

- Harlow ‘Literacy to Health’ project
- Middlesbrough Adult Education Centre and St Luke’s Psychiatric Hospital
- Health Workers and Basic Skills in the Community, Thurrock
- South Yorkshire Police ‘Crucial Crew’
- Owlbrook Happy Families, Sheffield
- London Borough of Redbridge

For details of these projects and other projects please see the full report.

Key Findings

1. There appears to be a breadth of health outcomes identified by providers, though perhaps this is to be expected given the broad definition of health as being ‘a state of complete physical, social and mental well-being’. Outcomes

- identified include access to health services, healthier lifestyles, raised self-esteem and improves sense of well-being.
2. However, provision seems to be patchy and uncoordinated. Many practitioners seem to be working in isolation with little opportunity to link with and learn from other initiatives.
 3. There appeared to be a division in the way this area was tackled by providers. Where there was involvement of healthcare staff the health outcomes were much more directly related and involved accessing health services and understanding health information. Provision that had a much stronger input from adult education tended to identify health outcomes such as raised self-esteem, improved sense of well-being or access to a wider range of services. This is perhaps to be expected and reflects what practitioners felt most comfortable with. The possible exception to this would be where there was involvement from mental health services where the focus tended to be on social inclusion and recovery.
 4. It would appear that this area of work would benefit from greater clarity and direction. Development of a strategy for bringing health improvement together with literacy, numeracy and English for Speakers of Other Languages learning would result in development of clearer methods and practice. Providers would be clearer on what outcomes could be achieved. Development of dual targets might be considered. The development of an evaluation methodology would also support this.
 5. A huge expansion of basic skills teaching in the workforce development and health services seem to be embracing this fully. However, we could find no evidence of this work extending beyond the needs of the workforce. Equally within the workforce there seemed to be an assumption that basic skills was only the concern of those with literacy, numeracy or ESOL needs. If the full ramifications of the link between poor literacy and numeracy and poor health are to be taken on board then more work needs to be done to instil a culture in the NHS which values learning for all – all staff and patients, and understands we all have some responsibility for ensuring access and support for learning, and the knock on effects that will have on improving health and to improving access to health services.
 6. Conducting the environmental scan highlighted where developmental work in other areas shared similar good practice and barriers to good practice, such as how to engage and win over healthcare staff to the value of learning, how to motivate hard-to help groups, the learning needs of specific groups. Further information on this is in the full report.

Conclusion

This report has shown that there is a breadth of practice that links in one way or another literacy and numeracy 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 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 developing this work further for individuals with literacy, numeracy and English as a Second Language needs would be immense.