RESEARCH REVIEW PAPER ON HEALTH AND ADULT LEARNING

European Agenda for Adult Learning 2015-2017

Context

Learning and Work Institute (LWI) is the UK National Coordinator for the European Agenda for Adult Learning (EAAL). The current programme is a continuation of the work begun by NIACE in 2012 and is jointly funded by the European Commission's Education, Audiovisual and Culture Executive Agency and the UK Government's Department for Education (DfE). The activities aim to contribute to the European Agenda by linking adult learning to wider socio-economic policy in the UK; raising awareness of the public value of adult learning to UK citizens, and increasing the participation of low-skilled or less well qualified adults.

The 2015-17 work programme has three themes: health, work and communities, reflecting important policy areas where adult learning has a great deal to contribute. This research review paper will identify the research evidence on the contribution of adult learning to health and wellbeing, with an emphasis on impact and change relating to individuals, policy and practice.

Research Questions

The overarching research question to be addressed is: What is the impact of participation in adult learning on physical and mental health and wellbeing?

Within the paper there is also a series of subsidiary questions, which reflect the current and emerging practice within adult learning, and therefore the key issues on how impact and change relating to individuals, policy and practice are evolving or perhaps where there are gaps in evidence and understanding. The five subsidiary questions are:

1. What is the relationship between adult learning and physical and mental health and wellbeing?
2. How are the health outcomes defined and measured in studies on adult learning and mental health?

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3. What is the impact of adult learning on individuals' empowerment and inclusion in health?

4. To what extent do health professionals understand the role of learning in improving health outcomes?

5. To what extent do learning professionals (tutors and leaders) recognise learning for health and wellbeing as part of their role and are they offered support to develop it?

Defining health and adult learning

In reviewing the research the need to define what is meant by the terms 'health' and 'adult learning' is paramount in understanding the contribution of adult learning to health and the impact and change relating to individuals, policy and practice.

For this review, we are defining adult learning as non-formal learning, as learning that is organised, usually non-accredited, but engaged in with a purpose or aim to learn skills and acquire knowledge. It is about adults returning to learning and can occur in educational institutions, family, cultural or community settings. But learning, in any context, is also more than subject knowledge or practical skills, it is also about the ability to combine knowledge and skills and to apply them for use in daily life. Learning is also more than the outward application of what we know and can do; it can also change how we think and feel about ourselves.

Health as defined by the World Health Organisation (1948) is 'a state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity'. Health encompasses wellbeing and is as much about how we feel about the quality and meaning of our lives. The definition links physical and mental health; it can hard to have one without the other. The World Health Organisation (2014) also defined mental health as:

'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'

These are important definitions because they help us tie down the terms of learning and health to 'when, where and how' when reviewing the research but it also helps us to understand that this is not straightforward or linear but is also determined by life course as well as social and economic factors.

The impact of education on physical and mental health and wellbeing

Feinstein et al (2002)[i] reviewed the impact that education has on health. Building on previous work by Acheson, the review supports the international evidence that education is strongly linked to health such as health behaviours, risky contexts and preventative service use.

In short, those with more years of schooling tend to have better health and wellbeing and healthier behaviours. Education is a mechanism that enhances the health and wellbeing of individuals because it reduces the need for healthcare, associated costs of dependence on services, lost earnings and personal suffering. Education, through increased information and awareness also helps to promote healthy lifestyles and positive choices, supporting and nurturing human development and relationships and personal, family and community wellbeing. Moreover, a substantial element of this effect is causal and operates within multiple, multi-layered and interacting contexts. Education impacts on individuals and on each layer of context at each level.

This is relevant in the scope of this review of the impact of adult learning on physical and mental health and wellbeing in that the number of years of schooling also impacts on likelihood of engaging in adult learning. Those with less schooling tend not to access or participate in adult learning, yet when they do can experience greater impact on health and wellbeing. Equally, poor health can interrupt and disrupt early education which has implications for those who seek or who are referred for adult learning for health and wellbeing reasons in later life.

What is the impact of participation in adult learning on physical and mental health and wellbeing?

Numerous reviews and reports evidence how participation in adult learning, both formal and informal, impacts on physical and mental health and wellbeing: Dolan, Fujiwara and Metcalf (2012), BeLL Project Research Report (2014), Dinis da Costa, Rodrigues, Vera-Toscana and Weber (2014), and UNESCO Institute of Lifelong Learning (2016). Many of these reports build on the work on Feinstein, Hammond, Preston, Sabates et al of the Centre for the Wider Benefits of Learning from 2002 to 2008.

All of the reports identify that participation impacts on health and wellbeing through a number of mechanisms. Participation in adult learning impacts on physical and mental health and wellbeing at different levels:

- **Sense of self:** feelings of self-worth, self-confidence and self-esteem, satisfaction and happiness with life, aspirations and expectations from life and a sense of control.

- **Personal health:** reduction in symptoms and pain, use of services either reducing over use of services, or better use of preventative services, as well as changes in health behaviours.
- **Family:** interaction within the family around issues and concerns about health and wellbeing
- **Social life:** increased level of social interaction within the learning environment but also getting out more – reduction in social isolation, use of leisure time and participation in civic life and volunteering.
- **Work:** higher aspirations to get back to work or get on at work, increased expectations from work, improved skills for work.

These impacts have now been well documented and for many adult learning staff and learners instantly recognisable. The important question is, 'Why does this happen and what is the relationship between adult learning and health and wellbeing?'.

What is the relationship between adult and physical and mental health and wellbeing?

Schuller (2004)[ii], in his work on the wider benefits of learning laid out a conceptual framework as a means of coming to grips with the complexities and interactions of the issues. He systematised the benefits using the concept of 'capital':

- **Human capital:** the know-how and qualifications that enable participation in the economy and society.
- **Social capital:** networks in which people actively participate, access to individuals and groups, promotion of social integration, civic engagement and social cohesion. This refers to the norms of trust and co-operation, not as an individual characteristic but as a social one.
- **Identity capital:** personal resources such as self-esteem, self-efficacy, resilience and internal locus of control, and defines a person's outlook and self-image.

These three capitals of the benefits of learning intersect and form a triangular relationship. For example, a person may engage in learning with an intention to learn

a new skill perhaps to gain employment (human capital), but it is likely that will impact on her or his sense of self (identity capital) and new contacts, networks or friendships may occur (social capital). Some of these impacts may occur immediately, but some may occur over time. Schuller notes the inherent complexities of the conceptual framework but nevertheless it captures how the assets from learning can be realised and can be accumulate. He writes:

> *'think of learning as a process whereby people build up – consciously or not - their assets in the shape of human, social or identity capital, and then benefit from the returns on the investment in the shape of better health, stronger networks, enhanced family life, and so on. However, we have at the outset to make things a little more complex, for these outcomes themselves feed back to or even constitute the capitals. They enable capital to grow, and be mobilised.'*

These levels of capital are dynamic and change over time in response to the context in which individuals find themselves, but also recognise that the individual can be a key player in building or reducing capital. In this context, the BeLL report all explores the idea of 'capabilities' as:

> *'the ability to shape one's own life is (or can be) built and rebuilt throughout the life courses. The less people build this ability the more they are at risk of social exclusion. The more they build this ability the higher the potential to achieve personal and collective goals.'*[iii]

In this sense participation in adult learning can be seen as providing an opportunity to 'shape one's life', either directly through the acquisition of skills, knowledge, status, role, income, and opportunities for social interaction or indirectly through the acquisition of thinking skills, communication skills and a sense of control and ability to decide for oneself. These factors help to shore up a sense of self-esteem and self-efficacy and help to create a virtuous circle of confidence, personal agency and action.

In attempting to define and quantify the impact of participation in learning across the European partners the BeLL project developed a questionnaire. The questionnaire consisted of 35 benefit statements that represented 14 concepts such as locus of control, self-efficacy, sense of purpose, mental wellbeing, physical health, heath behaviours, work-related benefits and changes in educational experience. Questions were grouped in to three main higher order categories – Control of one's life, Attitudes and social capital and Health, work and family. The research highlighted the interconnectedness between all three categories. Changes in attitudes (to adult

learning, learner self-confidence, tolerance) and more active social engagement, in turn generated a greater sense of self-control of one's own life and also leads directly to benefits related to health, work and family. Moreover, a sense of control and benefits related to health, work and family were also connected and both impacted on increased self-confidence and attitudes.

Notions of capital have been used to look at the social and economic dimensions of health and wellbeing. Notably the Foresight Project (2008) defined mental capital as:

> *'a person's cognitive and emotional resources. It includes their cognitive ability, how flexible and efficient they are learning, and their emotional intelligence such as social skills and resilience in the face of stress. It therefore conditions how well an individual is able to contribute to society and also to experience a high personal quality of life.'*[iv]

This notion of mental capital seems to encompass human capital (contribute to society), social capital (high personal quality of life) and identity capital (cognitive ability, ability to learn and emotional intelligence).

Building on this it then defines mental wellbeing as:

> *'a dynamic state in which individuals are able to develop their potential, work productively and creatively, build strong relationships with others, and contribute to their community.*
>
> *It is enhanced when the individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'*[v]

The Foresight project commissioned the New Economics Foundation to develop the Five Ways to Wellbeing, which are Connect, Be active, Take notice, Keep learning and Give[vi]. The five ways are interconnected but the link between mental wellbeing and learning has been acknowledged as a standalone factor in promoting and maintaining wellbeing. The Five Ways have also been used by some adult learning providers as the basis of a short course for people with mental health problems.

How is learning organised?

While the research points to the beneficial impact of participation in adult learning on physical and mental wellbeing, the question remains as to whether this is always the case and that participation in learning impacts on health and wellbeing is a 'given'.

What role do tutors, managers and partners have to play in bringing about health outcomes from learning?

Adults who have not had positive experiences of initial schooling find it harder to access adult learning. This can be because of structural and personal barriers. For this reason, how teaching is structured and delivered could be perceived to have an important role in helping to dismantle these barriers and play a key role in impacting on the multiple, multi-layered and interacting contexts in which learning impacts on health and wellbeing.

In 2002, Preston and Hammond[vii], recognising the impacts of learning on health and wellbeing as being about acquisition of skills and knowledge but also about self-esteem and confidence, looked at whether the delivery of teaching required a conscious input that sought to enable learners to develop both aspects. Focussing on FE, they talked to a range of practitioners teaching both 16-19 year olds and adults. Practitioners were asked what they felt were the beneficial aspects of their course. Responses were:

- Interaction between students……85%
- Course Content……81%
- Responsibility for own learning……79%
- Sense of purpose……...66%
- Teaching style……..62%
- Learning environment……50%
- Structuring of student time……46%
- Extra- curricular activities……...27%

Preston and Hammond state that therefore process is seen as important as content to the learning opportunity, though process could not occur without content. Thinking back to the work of Schuller, teachers provide content for learning which builds human capital but the process by which they do this can build social capital and also identity capital.

In exploring what factors contributed to the process, practitioners noted the pastoral side of teaching – teachers who showed an interest in learners, treating them with

respect, patience and understanding; encouraging social interaction and participation through group activity; using assessment to show successes (especially where learners had not experienced success before); and using real life scenarios to facilitate transferability of skills. These are teaching skills that enable learners to build or rebuild capabilities to increase levels of capital.

The BeLL report also explores these ideas and asked learners about various factors relating to their learning experience. Within the research, 85% of respondents reported seeing adult learning as an important opportunity. Across all learners, certain aspects were rated as very important or important:

- Opportunity to learn new things: very important – 50.2%; important – 35.4%
- Content and theme: 47.5% - very important; 37.7% - important
- Teacher as a person: 47% - very important; 33% - important
- Opportunity to be an active member of a group: 29.1% - very important; 35.9% - important
- Group activity: 21.2% - very important; 36.6% - important.

When broken down by level of learning, the differences are more marked

Teacher personality

- Level 1 or lower: 63.5% - very important; 25.6% - important
- Level 5 or 6: 45.6% - very important; 32.4% - important

Group activity

- Level 1 or lower: 35.1% - very important; 34.7% - important
- Level 5 or 6: 18.7% - very important; 34.8% – important.

It seems that at a lower level of learning the capabilities of the teacher and the opportunities to promote social interaction are fundamental in promoting the value of lifelong learning, but also to ensuring health and wellbeing impacts. It is unclear how far teachers and managers develop this in their practice and provision. And whether

taking more of a conscious and concerted approach to enhancing these elements would yield greater outcomes.

Hammond also notes that:

> *'the ethos of a class or educational establishment can also contribute to individuals' self-esteem… Support and encouragement from teachers not only contributes to educational success, it also develops self-esteem directly.'*[viii]

This raises issues of the Continuous Professional Development (CPD) of teachers. Policy insights from the survey of adult skills (2016)[ix] raised concerns about the reductions in the amount and availability of CPD. This is raised later in this report in the section on education professionals.

Who benefits most?

While learners at different levels value the different aspects of their learning experience to a greater or lesser extent, the health impacts from participation in learning also differs between type of learners. Here the picture is more complicated and affected by previous life experiences – of education and learning, existing health and wellbeing status and conditions, employment status, social connectedness as well as age and gender. The review of research states that there are differences between how different groups of learners experience different outcomes. The BeLL report concludes that:

- Male respondents reported more changes in self-efficacy;
- Female respondents reported more changes in attitudes and social capital, specifically tolerance, social engagement and educational experience;
- Women also reported more benefits in health, family and work, except for work-related benefits;
- Younger and older respondents reported more improvements in sense of purpose in life;
- Older participants significantly benefitted in terms of health and mental wellbeing;
- Those with educational levels 1-3 benefit from improved sense of control of own life, particularly in self-efficacy and sense of purpose.

The report concludes that:

> *'the difference between perceived benefits between different educational levels concerning **CONTROL OF OWN LIFE**, **ATTITUDES & SOCIAL CAPITAL** and **HEALTH, FAMILY, & WORK** is obvious. The difference is linear and statistically significant. The respondents with lower educational level benefit more from liberal adult education than those with higher educational level.*
>
> *To be more precise, all respondents experience changes, regardless of their educational background, but respondents in the lowest ISCED level report bigger changes than others. They selected the 'much more' option almost three times as often as respondents with the highest ISCED level (32.7% versus 12.8%).'*[x]

Dolan et al also report the impact on differing groups:

> *'Focussing resources on male and older learners may produce the largest impact on some health outcomes and encouraging low income groups into formal learning would produce relatively large health benefits.'*[xi]

Duckworth et al noted that learning between the ages of 40-60 years produced:

> - *'an effect of leisure or interest-related learning on increased life satisfaction, in relation to women;*
> - *an effect of leisure or interest-related learning in decreasing female depression;*
> - *a positive effect of leisure or interest-related learning on self-efficacy;*
> - *a positive impact of work-related training on life satisfaction;*
> - *a positive impact of work-related training on self-efficacy;*
> - *a significant unconditional association between work-related training and improvements in depression – although this is reduced once controls are included in the model.'*[xii]

What learning benefits most?

Participation in learning therefore does impact on health and wellbeing across an individual's life course, and could therefore be deemed to be a 'good thing' for supporting people to sustain and improve their health and wellbeing. These benefits are at an individual level but also important at a societal level. It has important implications for policy on adult learning and for policy and budgets across other government departments. Where there are limited resources it is intriguing to note whether some learning has more health benefits than others. Though it is also a risk that learning then becomes prescribed, as something that people are pressed to do regardless of their own innate aspirations and dreams.

The GRALE report states that different forms of adult learning work better with different groups and at different stages of people's lives, particularly noting that non-vocational courses boost wellbeing by providing mental stimulation and social interaction among older people[xiii].

A recent study of learning conducted by the University of Oxford in partnership with the Workers Educational Association (WEA) looked at health outcomes associated with singing, craft and creative writing classes[xiv]. All courses promoted improved mental and physical health, satisfaction with life, increased confidence, feeling in control and more motivated to be active. However, participants in singing and creative writing classes felt more connected to their classmates quicker and was an important means to creating social bonds.

It is easier to see how learning for leisure might secure these learning outcomes, but there is more need to see how other learning opportunities such a literacy and numeracy, digital skills and the Citizens Curriculum can also lead to health outcomes.

Against a broader social inclusion agenda, the recognition and understanding that participation in adult learning has a beneficial effect on health and wellbeing, some adult learning provision has been specifically targeted at those who experience poor health and wellbeing, particularly those with mental health problems. Health and wellbeing impacts would therefore show whether participation in adult learning has a curative or restorative impact as well as a sustaining impact on health and wellbeing. One in four adults in Britain will experience a diagnosable mental health problem in any one year and over 16% of the population meet the criteria for anxiety and depression, which often occur together. Mental health problems are caused by a variety of interacting factors. Genetic predisposition plays a part but also do psychological, social and environment factors: social isolation, unemployment, poor housing, low income, low educational level, distressing life events and childhood events all impact on mental health and wellbeing. Mental health is often best thought about in terms of wellbeing: of being about confidence, optimism about the future, feeling a sense of control over one's life and satisfying and supportive relationships

rather than an absence of illness and symptoms. Participation in adult learning would therefore seem to have potential to make a difference.

A partnership between The Changing Minds Centre (Northamptonshire Teaching Primary Care Trust) and Northamptonshire County Council Adult Learning Service developed a project called Learn 2b. This 3-year programme of community based learning adult learning aimed to offer non-medical treatments for people with mild to moderate anxiety and depression. Courses included well-being courses, creative courses and healthy living courses. Evaluation of the courses were collected using the Hospital Anxiety and Depression Scale (HADS) and the Recovery Evaluation Form (REF).

As a result of participating in the courses learners reported feeling happier and more relaxed, feeling more able to deal with stress, finding better balance, tackling problems, increased self-confidence, having the ability to recognise and challenge negative thought patterns and having more focus in life.

Significantly, completion of the HADS questionnaire showed that participants had improved in all three domains (wellbeing, depressive symptoms and anxiety symptoms) and that their improvements were maintained over the project. The average HADS score for anxiety shifted from a classification of 'moderate anxiety' to mild anxiety' and the HADS depression score shifted from 'mild depression' to a sub-clinical level[xv].

In 2015, the Department for Business, Innovation and Skills (BIS) commissioned project looking at the mental health outcomes of participation in adult learning for people with mild to moderate mental health problems. Involving 62 pilot project across England, learners participating in a range of community learning opportunities complete standardised, clinical questionnaires. The questionnaires: Patient Health Questionnaire (PHQ9) Depression test, the Generalized Anxiety Disorder 7 (GAD7) and the Warwick Edinburgh Mental Well-being Scale (WEMWBS) are completed by learners at the start of their learning and at stages throughout their learning journey. While too early to report on outcomes, the issue is that standardized clinical tests are being used to assess the impact of community learning on the mental health and wellbeing of people with a diagnosis of mild to moderate mental health problems[xvi].

How are health outcomes defined and measured in studies on adult learning and health?

Throughout all the research there are a number of ambiguities and complexities. Even defining health and wellbeing is not straightforward. Physical health and mental health cannot always be seen as distinct factors – mental health impacts on physical health and vice versa, both negatively and positively so that looking at overall impact it can be hard to unpick. Health behaviours are also influenced by health and

wellbeing in ways that can be quite complex. The terms health and wellbeing are open to interpretation and in the case of wellbeing can be quite nebulous and subjective.

As indicated, health and wellbeing itself is influenced by factors such as family, income, environment, culture, gender, just as education is also influenced by similar things. Causality in showing that adult learning impacts on health and wellbeing therefore adds to the complexity of the challenge in understanding and showing what enables people to be happy and pain free, to feel that they have a valued place and role in life and to act with confidence and a sense of agency in determining your life course. Adult educators and learners see this and see the transformative effect as well as the sustaining effect, but 'proving' it and basing an assertion about the importance of adult learning in a society and worthy of supportive and enabling policies and funding remains a challenge.

Research undertaken to explore the link between adult learning and health and wellbeing has used both quantitative and qualitative research methods. Quantitative research has focussed on using big longitudinal data sets such as the National Child Development Study (NCDS) and the British Household Panel Study (BHPS) which has shown that throughout the life course of an individual returning to learning as an adult, particularly for those with less years in initial schooling, has a positive effect on aspects of health and wellbeing. Qualitative research of the impact of adult learning through questionnaires, case studies and learner and practitioner testimonies has provided a wealth of evidence.

Research reviews such as provided by Dolan et al and Duckworth et al have looked at the inherent difficulties in ensuring the rigour and validity of the research methodologies such as selection bias and Peak End Rule but at the end of the day they have concluded that participation in adult learning does impact on health and wellbeing. If this is so, then why have the research findings not created a more sympathetic funding regime for adult learning and/or any significant step in the direction of more informed and prevalent provision that promotes the importance of participation in adult learning on health and wellbeing.

The use of standardized clinical tools to look at the impact of adult learning on learners with mild to moderate mental health difficulties by projects such as Learn2b and the BIS commissioned Community Learning and Mental Health pilots is therefore an interesting development in the timeline of how we make a case for the value of adult learning. Perhaps we might conclude that longitudinal quantitative data does not have the necessary immediacy required by policy makers. Perhaps learner and practitioner testimonies, while often heart-warming and uplifting, do not somehow quite cut it. However, maybe quantitative, clinically validated, standardised data that shows that participation in adult learning has an immediate impact at an individual level resulting in reduced visits to the doctor, use of other health services

and in medication and therefore an immediate cost reduction is harder to dismiss and in times of financial constraint more appealing.

The Global Report on Adult Learning and Education (GRALE) notes the challenge of funding adult learning and overcoming budget silos, stating:

> *'Intersectoral funding remains a major challenge… there are few incentives to analyse and evaluate the value of cross-departmental effectiveness.'*

Use of such data could inform practice, it could enable services to see how well they are doing in meeting learner need, where there is room for improvement and what works best. Use of success data in the post-16 sector has arguably enabled education providers to drive up achievement rates and close achievement gaps. Data on health impacts may be another useful tool. Collection of this data however, places an onus on adult learning services to collect it, and carries with it implications for time, resources and also skills in research. We have noted reductions in amount and availability of CPD to upskill a workforce to collect this data adds another tension and barrier to making a conclusive case. This is an area for debate.

The work of the What Works Wellbeing Centre[xvii] also heralds a new take on the evidence collection on how adult learning impacts on health and wellbeing. There is a realisation that GDP does not, at a certain level, equate to happiness and life satisfaction, and is not an effective way to measure social progress. Research to look at how we can more effectively use wellbeing levels in order to influence and measure the impact and cost effectiveness of policy interventions and how they manifest in our lives. As people become more open about mental health and want to seek meaning and fulfilment in life, work for some people is increasingly becoming a stressor, negatively impacting on health and wellbeing. In looking at how wellbeing is promoted through adult learning we need to include in our thinking the wellbeing of the workforce that delivers it.

To what extent do health professionals understand the role of learning in improving health outcomes?

To what extent do learning professionals (tutors and leaders) recognise learning for health as part of their role and do they get support for it?

These two last supplementary questions are more challenging to answer and there is relatively little research to look at. They have been added to the research questions for numerous reasons. It is increasingly recognised that participation in adult learning

is beneficial for health and wellbeing and particularly in restoring those with poor health to better health, so partnerships between health and adult learning services and professionals are required. Such collaborations need to work on many levels and be supported at a policy level.

Thinking back to the difficulties in providing valid research data on impact, one of the bias's in the research is that those who think adult learning is important and who want access it for its wider benefits are the ones' who are there. Those with poor health, particularly poor mental health, will most likely be experiencing low self-esteem, efficacy and capabilities to build their identity and social capital that prevents them from accessing learning. Bluntly speaking, they just aren't there, so the impact on them cannot be shown. Partnerships between health and education therefore become a way to engage with individuals for whom participation in learning could be beneficial if not transformative. The role of advice and guidance is also key here.

With the increase in this level of partnership working comes a need to understand the role of other professionals and a sense of professional parity. Adult learning – the very process of learning as well as the wider curriculum and structures provide the opportunities for individuals to build human, social and identity capital that underpin health and wellbeing. Adult learning services can support health services to achieve health outcomes. That is one of the values of adult learning, but it is also about the professionalism and pride of adult learning practitioners. As research by Hammond and BeLL shows the personal skills and social interaction in learning are important, not as a therapeutic intervention, but because learning facilitated and delivered by skilled practitioners can be powerful. Investment in adult learning and in adult learning practitioners is necessary if wider outcomes are to be maximised. One of the dimensions of the BIS Community Learning and Mental Health pilots is to look at partnership working as well as workforce development. The interim evaluation will report in the autumn.

The Carnegie Trust report 'Towards a Wellbeing Framework'[xviii] also highlights the role of leadership in breaking down these silos, stating:

> *'The global conversation about wellbeing is about much more than measurement. It is also about 'doing things differently'. The nature of outcomes means that it is highly unlikely that improvements can be achieved and attributed to the activities of one actor, department or initiative. Achieving wellbeing outcomes requires action in partnership across departments, local government and the wider public sector and a new relationship between citizens and government.'*

Again, the GRALE report supports this and stresses the need for greater policy coherence, which would help optimise the benefits of adult learning for health and

well-being. It calls upon policy makers to establish new legal and financial incentives to promote intersectoral programmes, evaluations, budgets and sustained partnerships. All this requires new ways of working. In a context of devolution, local planning and local commissioning this is timely.

It also requires a greater understanding of what people want from services, how they might want to take some control over their lives, how they live as active citizens and about how they feel they can contribute to wider outcomes. Understanding how wider health outcomes can be achieved through the co-production of services will create better services and build trust in organisations and in government and result in a wider societal sense of wellbeing.

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