



EAAL Scotland Impact Forum

1-3.30pm 22 June 2016 | City of Edinburgh Council | South Bridge
Resource Centre, Infirmary Street, Edinburgh

Notes of Meeting

- 1. Present:** Wilma Reid, NHS Health Scotland; Emma Whitelock, LEAD Scotland; Edith MacQuarrie, ES; Jackie Howie, Learning Link Scotland; Ian Shaw, Micro Tyco; Stewart Beck, NAC; Kathryn James, LAWI; Mark Ravenhall, Chair Impact Forum; Elizabeth Kwaw, EPALE, ECORYS; Phil Denning, Chair Scotland Impact Forum; Fiona Boucher, SLP; Tracy Waddell, SLP.
- 2. Apologies:**
- 3. Welcome and introduction**

FB welcomed people to the new session of Scotland's Impact Forum (SIF) as the Chair was running late. During the last session of the previous forum meetings forum participants discussed the idea of the forum becoming a focus for change, using impact data to increase the visibility of adult learning across the country, support and develop collaborative working practices and to encourage new participation in adult learning in Scotland. It was agreed that the next session of forum meetings would develop a collective impact programme: focusing on providing collaborative spaces; networking; evidence of positive practices; programme exchanges with a range of policy areas within the EU Agenda themes of employability/work; health and communities. This first session's theme is health.

4. UK research on the impact of learning on health (Annexe 1)

Kathryn James, Learning and Work Institute presented the finding of the recent research programme focusing the presentation on the six key questions as follows:

1. What is the impact of participation in adult learning on physical and mental health and wellbeing?
2. What is the relationship between these?
3. How are health outcomes defined and measured in studies on adult learning and health?
4. What is the impact of adult learning on individuals' empowerment and inclusion in health?
5. To what extent do health professionals understand the role of learning in improving health outcomes?
6. 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?



Kathryn highlighted the main research programmes and talked about the evidence base gathered. She talked about what could be achieved within Government projects and how the adult learning professionals might be able to support.

The group considered the key questions for the discussion:

1. ***What is the value proposition? What would 'win' the case? What would shift policy and resources?***

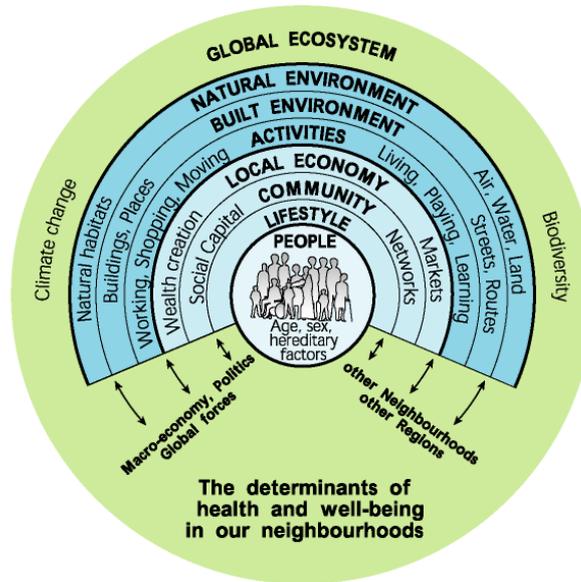
Who wins and what works were discussed within the changing landscape of local and national policy and it was agreed that there is still some work to be completed on bringing together case studies with policy pieces. There should be a greater emphasis on focusing the case studies on prevention evidence and changing the perception of adult learning within them. PD suggested there were some good examples from Peebles, Helmsdale & Kilmarnock and 3 development trusts in Huntly, Mull & Inverclyde. **Action: PD will provide FB with contact details.**

2. ***Professionalisation - Restoring a collective sense of self-esteem and confidence? Sense of purpose? Capabilities and skills?***

There was a great deal of identification with this element of the programme-the confidence of the adult learning centre has been constantly challenged in recent times and the sense of purpose for adult learning has been diminished to a skills agenda. It was recognised that the SOA for adult learning in Scotland begins to address some of this developing the breadth of adult learning and centrally locating the learner at the centre-which enables a more needs/aspirations approach for delivery. PD suggested that the Strategic Forum for Adult Learning and this group could work together and potentially link up on some of the planning activities. The group agreed to consider how to address this in the planning section.

Adult Learning and Health Inequalities: Scope for Adult Learning Impact (Annexe 2)

Wilma Reid, Head of Learning and Improvement, NHS Health Scotland talked about the role that adult learning plays and could play in addressing health inequalities which is core to the Scottish Government's prevention agenda. The determinants of health and wellbeing set out a systems' approach to looking at communities:

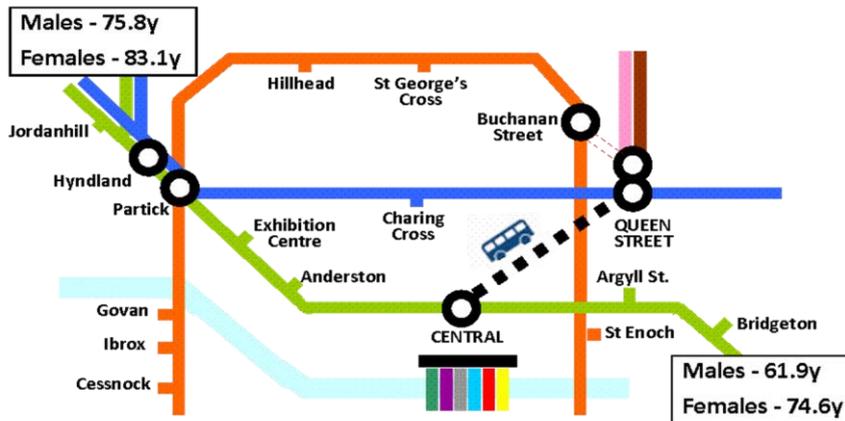


She highlighted the **Marmot Review** into health inequalities in England published on 11 February 2010 as the evidence base for redressing some of these inequalities. The report proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. The full report contains many significant findings including:

- People living in the poorest neighbourhoods in England will on average die seven years earlier than people living in the richest neighbourhoods
- People living in poorer areas not only die sooner, but spend more of their lives with disability - an average total difference of 17 years
- The Review highlights the social gradient of health inequalities - put simply, the lower one's social and economic status, the poorer one's health is likely to be
- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

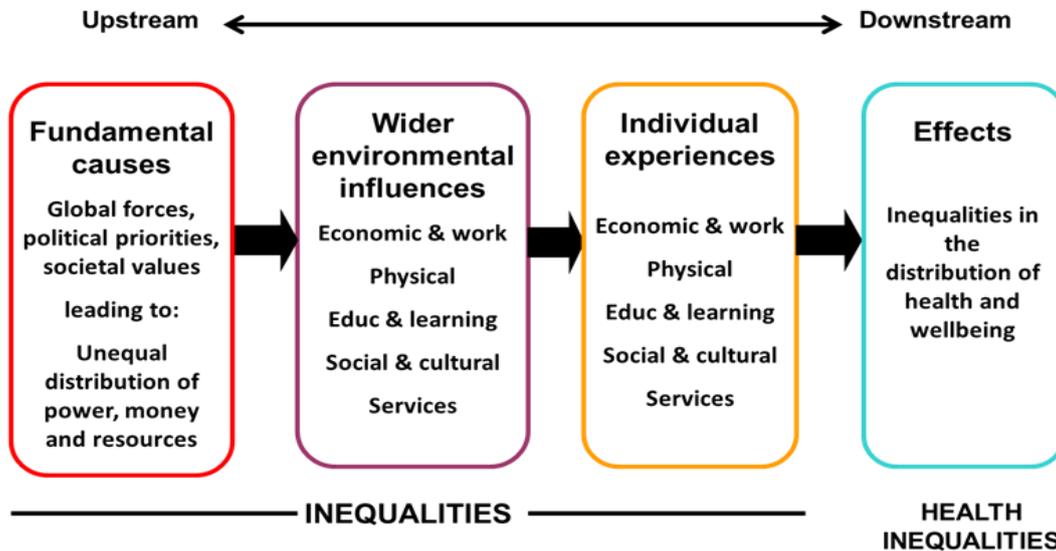
The diagrams below illustrate and highlight the consequence and causes of health inequalities in Scotland.

...difference of 13.9 years for men and 8.5 years for women between affluent Jordanhill and deprived Bridgeton...



Life expectancy data refers to 2001-05 and was extracted from the Glasgow Centre for Population Health community health and wellbeing profiles. Adapted from the Strathclyde Partnership for Transport travel map.
Source: McCartney G. Illustrating Glasgow's health inequalities. *JECH* 2010; doi 10.1136/jech.2010.120451.

What causes health inequalities?



Wilma talked through some of the key ways that adult learning could help redress these issues including health literacy, community empowerment, volunteer developments. The forum members discussed ways that it could provide more robust evidence of this role, including cost benefits analysis and the links to impact. PD suggested that the place standards might help with some of this.

The standards suggest that: the quality and design of a place can significantly influence the ability of individuals and communities to live in healthy, sustainable ways. Issues such as wellbeing and



quality of life, physical and mental health, social and cultural life, carbon emissions and energy use are all influenced by the quality of the environment. In recognition of the opportunities this affords for improving outcomes and tackling inequalities, Good Places Better Health (an ongoing initiative launched in 2008 as the Scottish Government's strategy on health and the environment, and now being taken forward by NHS Health Scotland) recommended a Scottish Neighbourhood Quality Standard.

In June 2013, the Scottish Government released a policy statement on architecture and place, 'Creating Places', which called for the development of a Place Standard to deliver quality, sustainable places across Scotland.

These parallel work streams and complementary goals were recognised and organised into a single project to create a Place Standard for Scotland.

The place standard is a way of assessing 'places' (communities) and how they might be supported to improve. NHS Health Scotland and the Scottish Government have developed an online toolkit to help support communities become involved and take ownership <http://www.placestandard.scot/#/home>

Action: FB to provide a link to the toolkit for forum members

5. Discussion

Action Points from the discussion as follows:

1. The link between BIS research and how the forum can join this up. **Action: Kathryn James will send information to the group regarding the research.**
2. Stewart Beck works using the John Muir Award, focusing on learning skills for employment whilst at the same time providing therapy for some are currently piloting an SQA module on improving well being and this could be used to compare the combining of an established Award system with learning for health. **Action: SB will provide FB with updated information on progress and case study will be developed over the year.**
3. **EPALE-** FB had requested that EPALE help source projects looking at health and adult learning. **Action: EK highlighted the opportunities to develop some case study projects on the EPALE site.**
4. FB talked about how the principles of CLD were being used in many other fields but seemed to have gained traction because they had the backing of an economist-so suggested that perhaps we could approach an economist researcher to work with adult learning to build a programme. MR suggested we could ask them to support something relatively straightforward – cost benefit/horizon scanning building in an analytical narrative focusing where we might have the greatest impact. **Action FB will talk to John Field about making contact.**

6. Collaborative Approaches for Collective Impact



Scotland's Learning Partnership



Co-funded by the
Erasmus+ Programme
of the European Union



JH facilitated the discussion on how best to develop collaborative approaches and the SIF

Action Points:

- Wilma, ES and Impact Forum to link up, for example, we could have a look at the model the Place Standards Pilots used
- FB will circulate Kathryn's research and Wilma's PPT onto the Strategic Forum to gather momentum for further research
- ES to talk to BIS – joining policy across nations
- Collaborative projects with Link Workers
- Look at how others are succeeding, e.g., NHS Inequalities Action Group, CHEX
- Use a Policy Analyst to support our arguments
- Link in with What Works Scotland
- Link into the Adult Achievement Awards, looking at the impact of being involved in the awards
- Policy influence from other countries, can we create an influential panel of experts? Who would people suggest?
- Look at Erasmus+ and other funders to fund project around measuring impact
- Link with Community Planning Partnerships
- Pro-active scrutiny of disabled learners, let's not leave anyone behind
- CLD Action Plan analysis in relation to health indicators for local authorities-EMcQ will ask Karen Geekie from ES about this.

7. Date of Next Meeting: 5 September 2016, SLP Offices, Edinburgh.