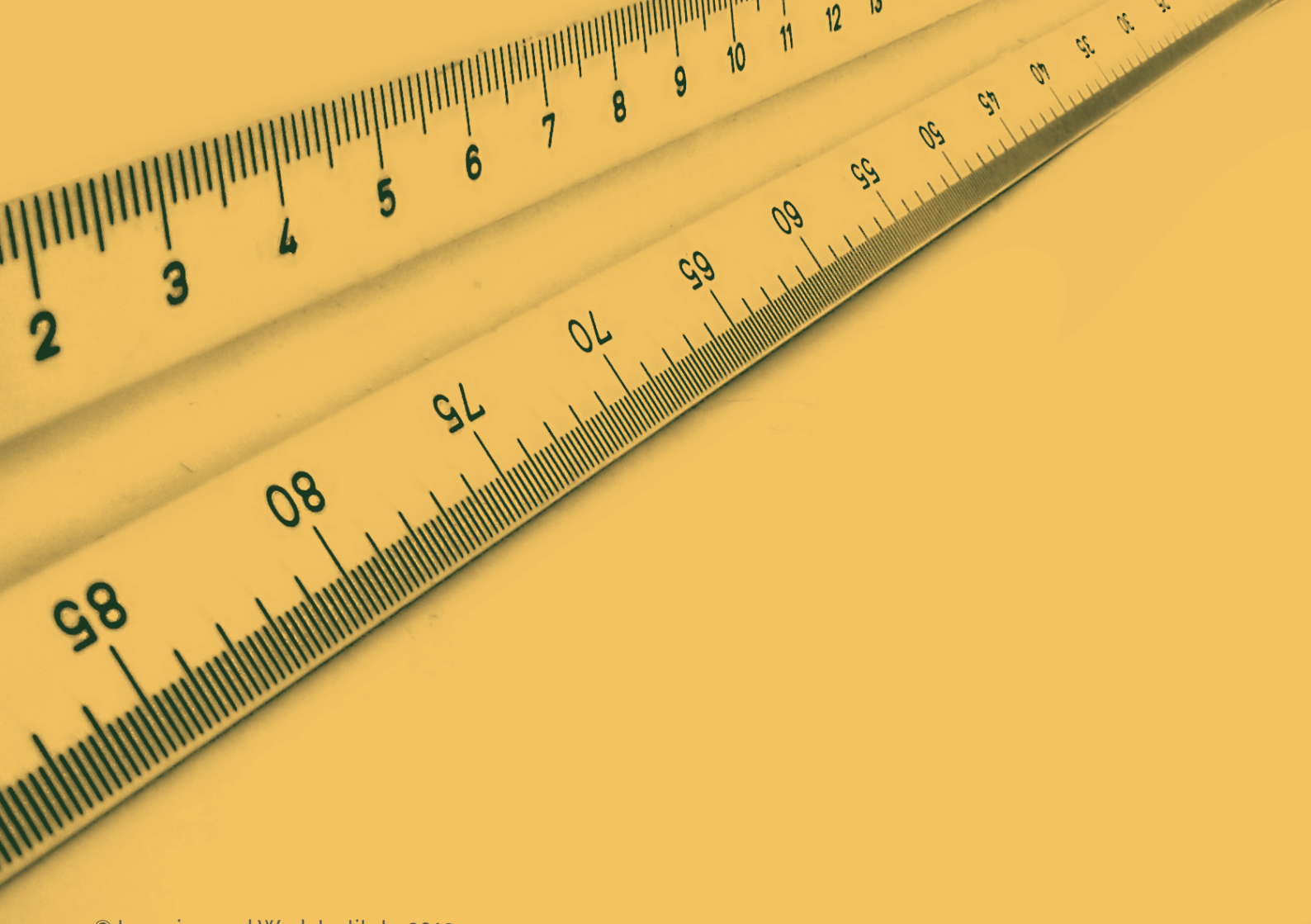


Social Metrics:

Measuring the outcomes of non-accredited learning

MARCH 2019

Connor Stevens, Corin Egglestone,
Alex Stevenson and Ash Patel



© Learning and Work Institute 2019

Published by National Learning and Work Institute (England and Wales)

4th Floor, Arnhem House, 31 Waterloo Way, Leicester LE1 6LP

Company registration no. 2603322 | Charity registration no. 1002775

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

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

We bring together over 90 years of combined history and heritage from the 'National Institute of Adult Continuing Education' and the 'Centre for Economic & Social Inclusion'.

www.learningandwork.org.uk @LearnWorkUK @LearnWorkCymru (Wales)

All rights reserved. No reproduction, copy or transmission of this publication may be made without the written permission of the publishers, save in accordance with the provisions of the Copyright, Designs and Patents Act 1988, or under the terms of any licence permitting limited copying issued by the Copyright Licensing Agency.

Contents

Executive Summary	4
Introduction	7
Policy context	8
Project Approach	9
Key Findings	10
Objectives and motivations	10
Current data collection methods	11
Tool selection	12
Implementation phase	13
Preparation	13
Finalisation of Tool Selection	14
Approaches to implementation	16
Challenges in Implementation	17
Analysis by Social Metric Theme	17
Health and Wellbeing	17
Confidence and progression	23
Social capital	26
Future Developments	28
Conclusions and Recommendations	31
Annex A: Social Metrics	37
Annex B: Provider Case Studies	43

Executive Summary

Learning and Work Institute (L&W) is an independent policy and research organisation dedicated to promoting lifelong learning, full employment and inclusion. In 2016/17, L&W undertook work to develop and trial a limited number of social metrics for use in learning provision funded via the Adult Education Budget¹. The work aimed to establish meaningful, easy-to-use tools which capture robust data at provider level with potential to inform local commissioning and investment decisions, and to support providers evidence the quality and impact of their work more generally to external audiences and stakeholders.

On the basis of encouraging findings from this exploratory work, and at the request of the Department for Education, L&W carried out further research and development work in 2017/18 to explore the use of social metrics in adult learning provision, with a particular focus on non-accredited learning. Specifically, this social metrics project aimed to:

- Implement the most successful metrics from the 16/17 work with an increased number of new providers, and work with new and/or previous test sites to scale up their implementation
- Identify and test new metrics not tested in 16/17 with providers to establish their suitability for embedding into providers' processes
- For all metrics, work with providers to identify and support the implementation of approaches to data collection which ensure that the data gathered is accurate and robust, whilst minimising any unintended adverse effect on the learner experience.
- Support providers who successfully implement social metrics data collection at scale with data analysis, producing exemplar findings which are useful in evidencing the impact of provision
- Share relevant findings and examples of effective implementation of social metrics widely across the sector, through own and external networks.

Policy Context

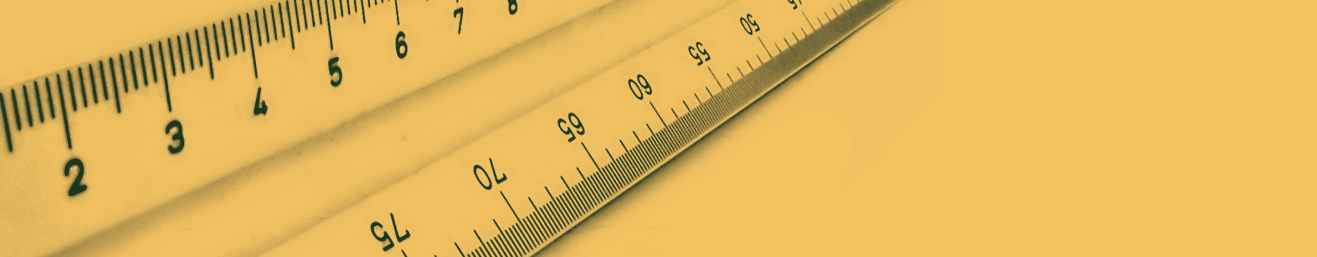
Changes in the way adult learning is funded through the Adult Education Budget (AEB), particularly in areas where AEB devolution is anticipated, present both opportunities and challenges for current providers of adult learning, community learning and non-regulated, non-accredited learning. For all providers, whether located in a devolution area or not, this type of learning will increasingly need a wider range of more rigorous outcome measures. Providers will need to have in place robust processes both for planning their learning offer to meet local need, and for collecting, recording and reporting on the outcomes they achieve. This work supports Adult Community Learning providers to make a credible and compelling case, so that it can secure sustainable and diversified funding for non-formal and community learning in the coming years.

Project Approach

L&W worked to recruit and select 10 ACL providers to participate, who expressed their interest in exploring a range of themes for wider outcomes measurement. The providers were:

- **Adult Learning Lewisham** – Health and wellbeing
- **West Midlands Adult and Community Learning Alliance** – Health and wellbeing

¹ Mirza, K., Patel, A. and Stevenson, A. (2017) *Social Metrics. Testing Validated Tools to Measure the Outcomes of Non-Regulated Learning*. Unpublished report to DfE



- **Camden Adult Community Learning** – Confidence and progression
- **Derbyshire County Council Adult Learning Service** – Confidence and progression
- **Manchester Adult Education Service** – Confidence and progression
- **Southend Adult Community College** – Social capital
- **Westminster Adult Education Service** – Social capital
- **Hackney Learning Trust** – Financial capability
- **Leeds City Council Adult Learning** – Family relationships
- **Learningshire² Adult Learning** – Family relationships

Once participating providers were selected, L&W worked with pilot leads to help develop their approaches to their individual pilot, supporting the selection of tools, implementation and analysis of the data.

Key Messages for Adult Learning Providers

Although providers' experiences of piloting the range of social metrics varied, most were able to implement the pilot successfully. Providers' experiences in this pilot were that some tools were more successfully deployed than others to capture useful data, though it was also possible to identify how the implementation of the less successful tools could be improved and adapted for future use. Overall, any future standardised implementation of social metrics will need to consider both the relevance and inherent suitability of the content of the tools selected, balanced against provider capacity to implement the tool effectively, and the kinds of support that will be required to do so.

Findings in relation to each tool (see Annex A) are set out by social metric theme (from p.23) in this report, whilst Annex B contains case study summaries of each pilot's experience. Overall, a

number of key messages for providers emerged:

- Providers can implement a range of social metrics effectively and, despite the complexities, retain robust independence of data collection, where implementation methods gain tutor and learner buy-in.
- Providers should ensure the appropriate training and briefing of tutors and other staff involved is in place, before implementation of social metrics data collection
- Developing and implementing on-line tools for data collection, which have the potential to make the data collection and analysis processes more efficient, should be central to providers' efforts to enhance their capacity in relation to social outcomes data collection.
- Providers need to formulate a clear strategy, rationale and approach to the use of social metrics. For example, managers must be clear about the types of provision, the learner cohorts and the timings for any data collection. For future implementation, providers will need to identify the appropriate internal, or where necessary external, capacity and resource to support data analysis.
- It may not be appropriate to embed social metrics in some kinds of provision, such as full-cost recovery courses, where it may be less important demonstrate effective use of public funds.
- Providers should be mindful of the literacy skills required for learners to read, fully understand and respond accurately to social metrics questions, and consider the need for alternative arrangements where the literacy skills required are beyond the current literacy levels of the learners.
- A broad sample of data across provision to demonstrate overall impact may be more useful than a course-based approach or single cohort of learners, as this would help to collect data at sufficient scale for analysis to take place.

2 The name of this ACL provider has been replaced by a pseudonym throughout the report.

- Reporting at course or curriculum level is possible, but providers should be mindful of the risk of inappropriate comparisons or judgements about the relative value of different kinds of learning being made (for example, by external stakeholders). Any such comparisons would be contrary to the purpose of embedding social metrics, which is to evidence the wider impacts and benefits of participation in adult learning.

Recommendations

Adult Community Learning providers are generally supportive of standardisation of the use of social metrics across the sector. To build upon this:

- DfE should consider supporting the sector to test implementation of social metrics across longer time scales, for example within year-long courses over the academic year.
- DfE should consider supporting the sector to develop a standard, national framework for capturing a wide range of outcomes from non-accredited learning provision, building upon the learning from this project, the Community Learning Mental Health pilots and L&W's work on a Family Learning outcomes framework.
- DfE should consider further work to identify the potential application and benefits of extending wider outcomes capture and measurement

into Entry Level provision (including accredited provision) more generally. This could include work to explore the potential to enhance the accessibility of social metrics tools for learners with low levels of literacy and/or language skills (for example, by developing 'easy read' formats), whilst retaining robustness and comparability with the standard versions of the metrics.

- Mayoral Combined Authorities in Adult Education Budget devolution areas, and the Greater London Authority, should consider using social metrics to evidence the wider outcomes of adult community learning – and other types of adult learning – through their AEB commissioning arrangements.
- Providers should persevere with developing the use of a range of social metrics.

Mental health and wellbeing metrics are becoming well established, through the involvement of many providers in the recent Community Learning Mental Health pilots. This project shows that other outcomes can be captured too, with the social capital and employment readiness tools working well in some contexts. Supported by a range of research evidence, providers emphasise the range of wider outcomes of learning, so this should be reflected in the range of measures used.

Introduction

Learning and Work Institute (L&W) is an independent policy and research organisation dedicated to promoting lifelong learning, full employment and inclusion. We strive for a fair society in which learning and work help people realise their ambitions and potential throughout life. We do this by researching what works, influencing policy and implementing new ways to improve people's experiences of learning and employment. We believe a better skilled workforce, in better paid jobs, is good for business, good for the economy, and good for society.

In 2016/17, L&W undertook work to develop and trial a limited number of social metrics for use in learning provision funded via the Adult Education Budget, particularly – but not exclusively – in the context of non-accredited learning provision³. The work aimed to establish meaningful, easy-to-use tools which capture robust data at provider level with potential to inform local commissioning and investment decisions, and to support providers evidence the quality and impact of their work more generally to external audiences and stakeholders. On the basis of encouraging findings from this exploratory work, and at the request of the Department for Education, L&W carried out further research and development work in 2017/18 to explore the use of social metrics in adult learning provision. The work focuses on non-accredited learning and has been carried out with the involvement of Adult Community Learning providers, who typically offer greater volumes of non-accredited learning than FE colleges. However, the findings are expected to be relevant to other types of learning where non-qualification, wider outcomes are particularly important, such as in Entry Level provision more generally. Additional work to develop approaches to measuring outcomes in Family Learning provision was also the subject of a separate L&W project in 2018. However, the project focused on defining the outcomes of family learning, rather than testing the implementation of specific tools in ACL, which is the focus of this report.

Specifically, this social metrics project aimed to:

- Implement the most successful metrics from the 16/17 work with an increased number of new providers, and work with new and/or previous test sites to scale up their implementation
- Identify and test new metrics not tested in 16/17 with providers to establish their suitability for embedding into providers' processes
- For all metrics, work with providers to identify and support the implementation of approaches to data collection which ensure that the data gathered is accurate and robust, whilst minimising any unintended adverse effect on the learner experience.
- Support providers who successfully implement social metrics data collection at scale with data analysis, producing exemplar findings which are useful in evidencing the impact of provision
- Share relevant findings and examples of effective implementation of social metrics widely across the sector, through own and external networks.

This report sets out the key findings from the work, along with detailed case studies of how providers implemented – successfully or otherwise – different social metrics. A complete set of the different metrics used is included in Annex A. Annex B consist of case studies of provider implementation⁴. The report concludes with a set of recommendations for the further development of the use of social metrics in adult learning settings.

3 Mirza, K., Patel, A. and Stevenson, A. (2017) *Social Metrics. Testing Validated Tools to Measure the Outcomes of Non-Regulated Learning*. Unpublished report to DfE

4 A further Annex, C, collates additional provider level analysis not reported here due to space constraints.

Policy context

The way that community learning is planned and funded has undergone substantial change in recent years. The 2016-17 Skills Funding letter⁵ outlined significant reforms to the funding of adult further education, with the introduction of a new budget called the Adult Education Budget (AEB). The AEB replaced three funding streams: funding for adult further education outside of apprenticeships; community learning; and discretionary learner support. Its principal purpose is to fund learning that engages adults and helps people to move towards work, an apprenticeship or further learning, or otherwise helps people who are furthest from learning and/or the workplace. The objectives of the former Community Learning budget are now 'embraced' within the AEB.

"This means we need to fund broader types of learning activities. This will help disadvantaged and hard-to-reach learners re-engage in learning, build confidence and enhance their wellbeing. This learning may lead towards progression into further learning or employment rather than achievement of a qualification."⁶

The intention is that adult learning providers will have greater flexibility to develop a mix of provision that responds effectively to local needs⁷.

The Autumn Spending Review 2016 also announced that, from 2016/17, DfE will move towards a devolved system of adult skills funding. Subject to devolution deals being in place and "readiness conditions" being met, from 2018/19 control of the AEB will be devolved to local government areas, where funding decisions will rest with local skills commissioners. In many cases, responsibility for commissioning is anticipated to rest with Mayoral Combined Authorities (MCAs). Some new commissioners of adult learning may have little experience and limited understanding of the AEB and community learning. At March 2018, devolution of the AEB is anticipated in nine areas where agreement is in place or under negotiation⁸.

In order to make the case for funding to local skills commissioners, adult community learning providers will need to be able to describe the role

and contribution of the sector in achieving local priorities. They will be required to have in place robust approaches to using data to demonstrate that they understand the patterns and levels of need in their area, are developing provision to respond to this, and can show impact and accountability. Through their ILR data returns, providers will have to evidence their performance against outcomes-based success measures.

In London, for example, work is being undertaken at both sub-regional and pan-London level to review Adult Community Learning provision in preparation for devolution of the AEB to the Mayor of London in 2019/20. A recent output of the pan-London review⁹ has proposed an outcomes framework based around target groups for provision, such as people furthest away from work, people in very low paid work, people with English for Speakers of Other Languages (ESOL) needs, mental health service users and older people (50+). It sets out suggested primary purpose(s) for learning, an indicative curriculum focus of learning and possible outcome measures for each group, including a range of social metrics based on L&W's earlier work in this area¹⁰. For example, older learners, for whom the principle purpose of participation in learning would be to combat social isolation, might be offered a curriculum of creative subjects and digital skills, with the impact measured through engagement in volunteering and/or a social relationships metric.

These reforms present both opportunities and challenges for current providers of adult learning, community learning and non-regulated, non-accredited learning. For all providers, whether located in a devolution area or not, this type of learning will increasingly need a wider range of more rigorous outcome measures. Providers will need to have in place robust processes both for planning their learning offer to meet local need, and for collecting, recording and reporting on the outcomes they achieve. It is critical that the sector is equipped to make a credible and compelling case so that it can secure sustainable and diversified funding for non-formal and community learning in the coming years.

5 www.gov.uk/government/publications/skills-funding-letter-april-2016-to-march-2017

6 www.gov.uk/government/uploads/system/uploads/attachment_data/file/496195/Adult_Education_Budget_changing_context_and_arrangements_for_2016_to_2017.pdf

7 *Ibid.*

8 These areas are: Cambridgeshire and Peterborough, Greater Manchester, Liverpool City Region, London, North of Tyne, Sheffield City Region, Tees Valley, West of England, West Midlands Combined Authority.

9 FE Associates (2017) *Adult Community Learning in the Context of London's Vision for Skills*. Phase 2 report.

10 Mirza, K., Patel, A. and Stevenson, A. (2017) *Social Metrics. Testing Validated Tools to Measure the Outcomes of Non-Regulated Learning*. Unpublished report to DfE.

Project Approach

Our approach to establishing the pilot initially consisted of recruiting providers to participate in the trial. This included recruiting providers via an expression of interest circulated through L&W and partner networks, including the Local Education Authorities Forum for the Education of Adults (LEAFEA) network. L&W asked providers to submit a short 300-word response explaining why they wanted to be involved, what theme of social metric they would like to test and how they would implement the metric within their provision. L&W also worked with providers engaged via the 16/17 pilot.

Overall, L&W received 23 expressions of interest and selected 10 providers to participate in the 17/18 pilot (including two providers who participated in the 16/17 pilot), across a range of themes and geographical locations. These were:

- **Adult Learning Lewisham** – Health and wellbeing
- **West Midlands Adult and Community Learning Alliance** – Health and wellbeing
- **Camden Adult Community Learning** – Confidence and progression
- **Derbyshire County Council Adult Learning Service** – Confidence and progression
- **Manchester Adult Education Service** – Confidence and progression
- **Southend Adult Community College** – Social capital
- **Westminster Adult Education Service** – Social capital
- **Hackney Learning Trust** – Financial capability
- **Leeds City Council Adult Learning** – Family relationships
- **Learningshire Adult Learning** – Family relationships

Once participating providers were selected, L&W worked with pilot leads to help develop their approaches to their individual pilot. Pilot leads were sent a copy of the 2016/17 evaluation report to inform their understanding and asked to complete L&W's Development Tool and Action Plan, designed for pilot leads based on NIACE's Wider Outcomes: Planning and Capture Tool ¹¹.

Individual telephone meetings were held with pilot leads to support them to select a validated measurement tool and understand what practical support was required to build on their existing processes. Tools were selected based upon the social metric themes providers were interested in and what exactly they hoped to achieve through the pilot. Some providers had a choice of validated tools within their chosen theme, whilst others were restricted to certain tools within their area of interest. This was largely due to the limited availability of validated tools focussing on specific areas such as social capital or family relationships. Once selected, providers were supported by L&W to develop a robust methodology and supporting resources to support the implementation of approaches to data collection which ensure that the data gathered was accurate and robust, whilst minimising any unintended adverse effect on the learner experience. In order to record and demonstrate 'distance travelled', pilot sites were supported to collect data from both the start point and end point of their courses. L&W maintained light-touch support with providers during the course of the data collection period to support pilot implementation and provide additional guidance and support where necessary.

Where providers had successfully implemented the social metrics at scale, the collected data was transferred to L&W for analysis. Data was used to produce exemplar findings which were used to evidence the impact of provision. Data analysis and techniques were shared with providers to demonstrate the outputs of adopting social metrics, as well as support providers to expand their understanding and capacity to undertake such analysis.

Interviews were conducted with lead and frontline members of staff from each pilot site. The interviews were used to monitor provider experience and identify any successful approaches undertaken by pilots or challenges experienced. Interviews were conducted with management and tutors to give a wider perspective of the pilot. Follow-up interviews were also conducted with providers once data analysis was returned, to give the opportunity to reflect on their overall experience and the analysis produced.

¹¹ NIACE (2013) Wider Outcomes: Planning and Capture Tool. Accessed at: http://www.learningandwork.org.uk/gridhosted.co.uk/wp-content/uploads/2017/01/wider_outcomes-new_2.pdf

Key Findings

This section presents an analysis of the main themes from the testing of validated tools by providers. The findings are presented under the different stages of the process of designing and delivering the pilot:

- Objectives and motivations for participation in the pilots
- Providers' current approaches to collecting impact monitoring data
- Selection of social metrics tools to pilot
- Implementation, including preparation, finalisation of the selected tool, approaches to implementing data collection and challenges in implementation
- Thematic data analysis of findings in relation to measuring the impact of provision on health and wellbeing, confidence and progression and social capital
- Providers' reflections on the future development and application of social metrics in adult learning

Objectives and motivations

Providers engaged with the pilot for a variety of reasons. One of the main aims of providers was to test approaches to producing quantifiable data to demonstrate the impact and value of their provision. This was a particular focus for providers who were engaged in non-accredited learning and courses for which the principal focus was not an immediate progression to employment, for example community-based courses which are principally aimed at disadvantaged learners. Providers explained that rather than qualifications or progressions to employment, common outcomes of their courses included improvements in confidence, health, wellbeing and other wider social benefits, and as a result, were more challenging to monitor and evidence. Providers had identified that using a standardised metric to measure the outcomes of their delivery could support them to benchmark against previous performance and wider provision, perhaps also enabling them to compare the impact

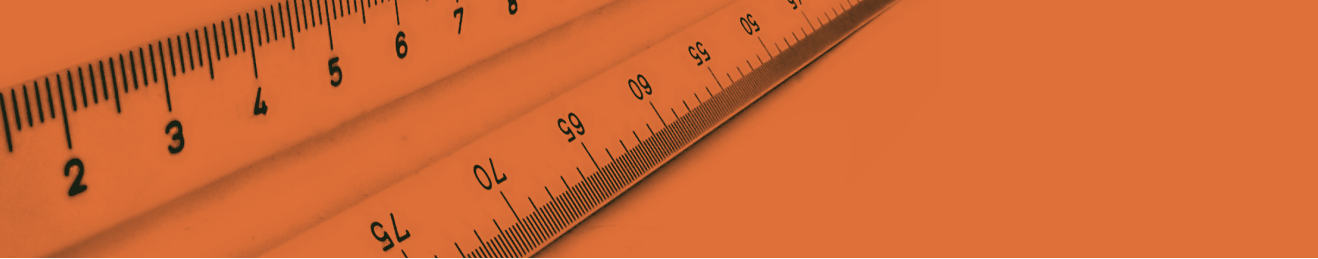
of their courses with other providers. It would also support providers to collectively assess the benefits and impact of their provision in order to demonstrate their value to external partners and stakeholders.

Internal Performance Monitoring

Improvements to internal monitoring systems was also cited as a motivating factor for engaging with the pilot. Providers explained that using metrics to assess the effectiveness and impact of provision would support their capability to internally assess their performance, and quality assure provision. Providers planned to use the information gathered to produce self-assessment reports and inform curriculum development and improvement planning. Using the data as a method to engage tutors in a wider understanding of the holistic nature of their provision, and the impact of their role, was also identified as an additional benefit to expanding the use of social metrics.

Funders and Regulators

Providers described a clear motivation to use data to evidence their value to funders, commissioners, governors and regulators. Use of data would also help to 'make the case' for non-accredited learning, explaining that this was particularly important due to the focus on outcomes within the commissioning landscape and uncertain funding environment. Devolution was identified as a further contributing factor to explore the use of social metrics, with preparations to devolve the Adult Education Budget to Mayoral Combined Authorities expanding the need to demonstrate the impact of provision to a range of stakeholders. Providers also acknowledged the value of evidencing the impact of their provision in relation to the focus on outcomes in Ofsted's Common Inspection Framework and hoped that better evidence of the wider outcomes of learning might contribute to the quality of provision being recognised through the inspection process.



External Partners

Providers also described a clear motivation to use the data to evidence their value to external partners such as Public Health and Jobcentre Plus and support the development of their operational models. For example, one provider sought to demonstrate the positive impact of their learning to encourage continued referrals from local services. Another provider was keen to evidence the health benefits arising from their provision in order to demonstrate their suitability as a health-related service and develop the case for an integrated social prescribing model within the local health landscape. As a result of the range of stakeholders and partners involved in provision, providers were keen to test a variety of different metric themes to produce measures which tied with the priorities and policy areas of stakeholders, commissioners and partner services.

For the reasons above, there was a strong demand to expand the use of social metrics amongst the adult learning providers engaged with the pilot. Providers emphasised the need for standardised metrics which could accurately assess provision and produce reliable measurements. Providers emphasised the importance of using validated metrics in order for the results to be considered robust by commissioners, wider stakeholders and partner services.

Current data collection methods

Existing data collection methods varied widely between providers, with a range of techniques employed to monitor and assess the impact of provision. These were largely internally developed measures which focussed on capturing evidence of learner experience and any resulting impacts of learning.

Several providers used individual learning plans and learner logs to collect evidence and monitor progress. These were updated by learners and tutors on a regular basis, and focussed on monitoring learner goals, goal achievement, any additional learner outcomes and overall learner experience, as well as acting as a mechanism for learners to feedback to providers.

Providers also used learner surveys to collect information and monitor the general outcomes for learners. Surveys differed between providers, including general surveys focussed on learner experience, satisfaction and achievement, and end of course evaluations which assessed the effectiveness and impact of specific courses. Some surveys included the use of social impact measurements, focussing on outcomes and the changes experienced by learners, such as a series of health and wellbeing questions.

Learner focussed mechanisms, such as learner logs and surveys, were a mix of paper-based and online tools and were commonly embedded within providers' Recognising and Recording Progress and Achievement Processes (RARPA)¹².

Other methods included the collection of general feedback from learners, tutors and providers via interviews, focus groups and information sourced from teaching observation exercises. Some providers collected additional data for evaluation, including learner retention and learner destinations, and utilised advanced techniques to monitor progress such as ProAchieve, an online tool which monitors learner achievement. Some providers also utilised national surveys to measure the effectiveness of provision, including FE Choices and Ofsted evaluations.

The data collected through the variety of methods employed by providers was largely used to monitor learner experience, quality assure provision, inform internal development and promote good practise. Information was also commonly used to market courses to potential learners or partner services, report evidence and outcomes to stakeholders and governors, and secure resourcing through commissioners and funding applications. Partners explained that it was difficult to compare internally developed measures with external provision or assess the validity of tools which had been shaped according to their preferences and requirements, and hence explained that validated metrics were preferable to the methods already in practice.

¹² RARPA is the quality assurance process used in non-regulated learning provision. In 2017, on behalf of the Education and Skills Funding Agency, L&W produced updated guidance on RARPA in the context of the introduction of new local flexibilities in the AEB.
<http://www.learningandwork.org.uk/wp-content/uploads/2017/04/RARPA-Guidance-2017-v1.pdf>

Tool selection

As described in section one, providers were supported to choose a specific theme of social metric to test. The themes offered to providers included:

- Health and wellbeing
- Confidence and progression
- Social relationships
- Family relationships
- Financial capability
- Social capital

The choice of theme was largely based upon providers' areas of interest and what they hoped to achieve through the pilot in the local context. Providers explained that they chose themes which were related to the outcomes they considered were often achieved by learners, on the basis of their current approaches to collecting learner data. Further, providers chose themes which linked with the focus and strategic aims of wider stakeholders and partners. Once providers had selected their specific theme of interest, they were supported to select which validated tools to implement. Some themes had a wider range of validated tools to choose from, for example health and wellbeing and confidence and progression themes, whilst others were restricted to recommendations of certain tools due to the limited availability of validated metrics focussing on those areas, such as social capital or family relationships.

Providers were generally more positive about being able to choose from a wider selection of metrics, rather than having their options restricted.

Providers explained that this meant they were able to explore different options and decide which tools were best suited to their needs. A range of additional factors which impacted on providers' decision of which metric to adopt were listed, including the types of questions asked, the level of language used, pre-existing knowledge about the metric and its standing within the wider sector and policy landscape. The autonomy to explore different options and select the final metric allowed providers to ensure their questions suited their learners, for example in consideration of vulnerable learners or individuals with limited proficiency in English. Autonomy also meant that some providers were able to take the opportunity to work with staff and stakeholders to identify which metric would best meet their needs, for example one provider worked with the Public Health department to identify a metric which would best demonstrate their value to a wider audience.

As discussed, some providers had less scope of choice due to the limited availability of validated metrics within their chosen themes and as a result, had less oversight over the tool chosen for their pilot. Despite not having an absolute choice of which tool to use, some providers were positive about the selection process and explained that guidance and direction towards a specific metric had helped to improve their understanding and expertise, focus their aims and implement a validated tool that was related to their chosen theme. However, a number of providers were frustrated that their options were restricted and felt that this increased the risk of selecting a metric which was not suitable for them or their learners.

The final metrics adopted by each pilot site were as follows (see Annex A for details of each metric):

- **Adult Learning Lewisham** – SF-8 Health Survey
- **West Midlands Adult and Community Learning Alliance** – Warwick Edinburgh Health and Wellbeing Scale (WEMWBS)
- **Camden Adult Community Learning** – The New General Self Efficacy Scale (GSES) and L&W developed Employment Metric
- **Derbyshire County Council Adult Learning Service** – Short-Warwick Edinburgh Health and Wellbeing Scale (SWEMWBS)
- **Manchester Adult Education Service** – Warwick Edinburgh Health and Short-Wellbeing Scale (SWEMWBS) and L&W developed Employment Metric
- **Southend Adult Community College** – Personal Social Capital Scale-8 (PSCS-8)
- **Westminster Adult Education Service** – Personal Social Capital Scale-8 (PSCS-8)
- **Hackney Learning Trust** – L&W-developed Financial Capability Metric
- **Leeds City Council Adult Learning** – Duke Social Support Index (DSSI)
- **Learningshire Adult Learning Service** – Duke Social Support Index (DSSI)

Implementation phase

Preparation

Most providers held team meetings to introduce the metric to their staff and the tutors that would be adopting the metric. Pilot leads used these meetings as an opportunity to give tutors further information about the pilot, as well as providing

guidance resources and the space for tutors to have one to one and group discussions. As a result, tutors were able to improve their understanding of the use and rational of their metric and explore how they could support learners to complete the tool effectively. One provider encouraged their staff members to complete their adopted metric during the staff development session and described how this gave staff further insight into the use of the metric.

Providers reported that team meetings helped to support robust discussion about the use of the metrics and how they should be implemented amongst staff and encouraged feedback as to how the process could be tailored to support learners to complete the metric. For example, providers using the Personal Social Capital Scale reported that tutors were concerned about the wording to use. As a result, the providers worked with L&W to adapt the wording so that learners would have a better understanding of the metric, whilst preserving its validity. Similarly, providers using WEMWBS initially intended to use the long version. However, tutors felt that the long version was too long and asked unsuitable questions which may have discouraged learners from completed it. Consequently, the provider opted to use the short-version WEMWBS. Team meetings were a valuable method of helping providers to prepare for the pilot, ensuring staff were up to date with the process such as how to complete the metrics and when data should be collected, as well as building essential support amongst staff and gaining tutor buy-in. Providers reported that most tutors responded positively to the introduction of the metric, with staff positive about the process and keen to test out new strategies to collect evidence on the impact of the courses. However, the short time frame between joining the pilot and the implementation process meant that some providers did not have the

opportunity to meaningfully introduce the pilot and its purpose to the staff involved. Providers explained that this was a big limitation as it meant they were not able to get tutors up to speed with the metric. Providers also stated that this also meant they missed the opportunity to get valuable tutor insight

prior to introducing the metrics to learners. Further, some providers explained that tutors' concerns over the choice of the metric to be implemented and the language used, the short turnaround time limited their options, meaning some still went ahead with the metric regardless of existing concerns.

Finalisation of Tool Selection

Prior to the introduction of the metrics to learners, providers finalised their selection of the courses in which the pilot would be implemented. This was based upon their original objectives and motivations for joining the pilot, and the feedback of tutors and wider staff. The final courses in which the metrics were tested in each pilot were as follows:

- **Adult Learning Lewisham** piloted the SF-8 Health Survey across 13 courses, each of which had a personal development focus for individuals with health conditions. ALL specifically targeted these learners as they felt it was where health-related outcomes were most likely to be achieved.
- **West Midlands Adult and Community Learning Alliance** chose to test WEMWBS across a wide range of non-accredited courses including community learning, ESOL and employability courses. WMACLA selected these courses, as the principal outcomes are improvements in wellbeing and confidence for learners.
- **Camden Adult Community Learning** trialled the GSES metric and L&W employment tool across twelve courses including ESOL and Family Learning provision across a range of learning centres.
- **Derbyshire County Council Adult Learning Service** tested SWEMWBS across eight courses delivered under the Brightside umbrella which were specifically developed for learners with mental health needs. These were chosen to test and evidence the provision on learners' mental wellbeing.
- **Manchester Adult Education Service** chose to implement SWEMWBS and the Employment Metric across a range of non-accredited courses, including care, education, family learning and employability-focussed courses. These were chosen to capture a varied and sizeable volume of data across a variety of courses.
- **Southend Adult Community College** chose to test the Personal Social Capital Scale-8 metric on four creative courses. These were selected as they provided a mix of learners including learners with physical and mental health conditions, and learners with learning difficulties and disabilities. SACC initially planned to trial PSCS-8 across a wider range of courses but was unable to do so because of an Ofsted inspection.
- **Westminster Adult Education Service** piloted the Personal Social Capital Scale-8 metric within their ESOL provision. These courses were chosen as they were considered to provide a wide diversity of learners and possible outcomes. Courses in which learners were anticipated to have sufficient proficiency in English were selected.
- **Hackney Learning Trust** tested the Financial Capability metric across courses in which financial capability was a main topic in order to test the effectiveness of provision amongst relevant learners.
- **Leeds City Council Adult Learning** tested the Duke Social Support Index metric within their Family English, Maths and Language provision. These courses were specifically targeted due to their focus on teaching parents' basic skills.
- **Learningshire Adult Learning Service** chose to pilot the Duke Social Support Index metric across three types of Family Learning courses which were specifically aimed at families living in social and economic deprivation.

Table 2.1 below summarises the metrics used and the types of provision in which they were tested.

PROVIDER	SOCIAL METRIC	CURRICULUM AREAS
Adult Learning Lewisham	SF-8	Personal Development / Wellbeing
West Midlands Adult and Community Learning Alliance	WEMWBS	Non-accredited community learning, ESOL and employability provision.
Camden Adult Community Learning	GSES L&W employment metric	ESOL and Family Learning
Derbyshire County Council Adult Learning Service	SWEMWBS	Brightside provision for learners with mental health needs
Manchester Adult Education Service	SWEMWBS L&W employment metric	A range of non-accredited provision, including care, family learning and employability.
Southend Adult Community College	PSCS-8	A range of creative arts courses.
Westminster Adult Education Service	PSCS-8	ESOL
Hackney Learning Trust	Financial Capability	Financial Capability
Leeds City Council Adult Learning	Duke Social Support Index	Family English, maths and language provision.
Learningshire Adult Learning Service	Duke Social Support Index	Family Learning

Approaches to Implementation

Providers adopted a range of formats in which to introduce their adopted metric to learners, including hard-copy paper versions which were later entered into the computer system, online-based tools which were completed electronically, or a mixture of both online and paper-based methods. Whilst electronic-based formats were preferable to reduce “paper-work” and simplify the data entry process, providers were largely unable to establish an online process and integrate it within their systems due to the small scale of the pilot and limited time between planning and implementation.

Providers explained that in addition to the metrics, learners were provided with additional guidance and resources which detailed how to complete the metric and the purpose of the pilot. These were designed to support learners use of the metric and encourage their participation in the pilot. In addition to guidance resources, some providers allowed their tutors to add specific, localised information to support their learners understanding and use of the metric. This meant tutors were able to use their oversight and knowledge of their learners to personalise the process according to what was suitable or necessary for their specific cohorts.

Providers also adopted different methods of implementing their metrics. Some providers embedded their metric within their standard induction processes, combining the metric with other documents that learners completed, such as registration documents and additional data collection methods. Others incorporated the metric as part of their RARPA processes. This was done to integrate the use of the metric alongside learning related activities, simplifying the process for both staff and learners and aligning the use of the metric with the learning process. However, some providers kept the process separate to existing procedures. This was mainly done by providers to avoid overburdening learners with too much paperwork or initial requirements which may have had a negative impact on learner engagement. Other providers explained that they had kept the

metric separate to other processes to maintain the integrity of the tool, whilst others had faced initial delays due to the limited time between starting the pilot and the start of the courses.

Each pilot site introduced the metric to learners within the classroom. Metrics were incorporated as a class activity, with learners completing the metrics during lesson time. Providers explained that prior to asking learners to complete the metric, tutors provided a brief explanation to the class, outlining the purpose of the metric and how to complete it. Some tutors facilitated discussions between learners and answered queries about the tool. This was viewed as a valuable method to build engagement, whilst ensuring that all learners had a full understanding of the process. Learners were asked to complete their metrics independently to ensure that results were accurate and not influenced by other learners or staff. Some providers arranged light touch support for learners who struggled to complete their surveys, with support provided by tutors and learning assistants. Providers were largely positive about this process, describing the process as simple and easy to administer. Providers also reported that learners responded positively to this method of introduction and felt able to complete the tool as a result. Some providers also reported how the metrics served as a conversational prompt for some learners, encouraging them to think about the wider benefits of learning, and reflect on any barriers to learning they faced..

Challenges in Implementation

However, some providers experienced significant issues upon introducing the metric to learners. One of the main challenges experienced by providers was the use of metrics with learners who had lower levels of English language proficiency. This was a significant problem for Camden Adult Education Learning, Learningshire Community Learning Service and the West Midlands Adult and Community Learning Alliance. The providers explained that the complexity of the language used

meant that some learners were not able to fully understand the questions asked by the metrics. This was reported as causing confusion amongst learners and led to concerns from staff that the results were likely to be unreliable. As a result, the providers felt that the metrics adopted by their sites were not suitable for learners with limited proficiency in English language.

Another issue experienced by providers was concerns over the questions asked. Learningshire Adult Learning Service and Leeds City Council Adult Learning had particular concerns over the suitability of the questions asked by the Duke Social Support Index, and their relevance to learners and the courses they were trialled with. Both providers reported that the questions asked were unsuitable for vulnerable learners, and risked uncovering thoughts and feeling around sensitive subjects. Consequently, staff had to dedicate time to allaying learners concerns over why they were being asked these types of questions, and any resulting reactions from learners. Both Learningshire Adult Learning Service and Leeds City Council Adult Learning withdrew from the pilot as a result of the issues experienced. Similarly, staff from West Midlands Adult and Community Learning Alliance reported that some learners did not want to engage with the pilot due to the types of questions asked by WEMWBS, and so did not participate.

Other common issues included wider concerns over learner response to the metrics. This included learners feeling unsure as to why they were being asked questions of a personal nature. For example, some learners were confused as to how the questions asked by SWEMWBS related to learning. Tutors reported that this caused distress amongst learners and limited their willingness to engage. However, overall, providers said a robust introduction process and close support from staff helped to settle learners' disquiet about completing the metric. The format of the metrics was also another common problem. Some learners felt that the metrics were too long and asked too many questions. Providers reported that shorter tools had better completion rates from learners.

Additionally, some learners felt as though the metric resembled an official form, which providers felt caused anxiety and concern and limited their engagement. Providers thought a rebrand of the metrics could help to dispel these concerns and improve engagement with some learners. Further, providers which trialled the L&W-developed Employment metric reported that both staff and learners struggled to comprehend the meaning of the questions, leaving them unsure as to what exactly the metric was asking.

Analysis by Social Metric Theme

Upon the completion of the start and end metrics, data was collected across the sites and transferred to L&W for analysis. Adult Learning Lewisham was the only provider to conduct their analysis internally, using the SF-8 software. As Learningshire Adult Learning Service and Leeds City Council Adult Learning withdrew from the pilot, data was not available for analysis under the family relationships theme. Due to circumstances beyond the provider's control, data from Hackney Learning Trust was not available for analysis under the financial capability theme. For individual providers' results, see the case studies in Annex B.

Health and Wellbeing

Where data relating to health and wellbeing was collected, the SF-8 metric was used by Adult Learning Lewisham, whilst versions of Warwick Edinburgh Health and Wellbeing Scale (WEMWBS) were used by West Midlands Adult and Community Learning Alliance, Derbyshire County Council Adult Learning Service and Manchester Adult Education Service.

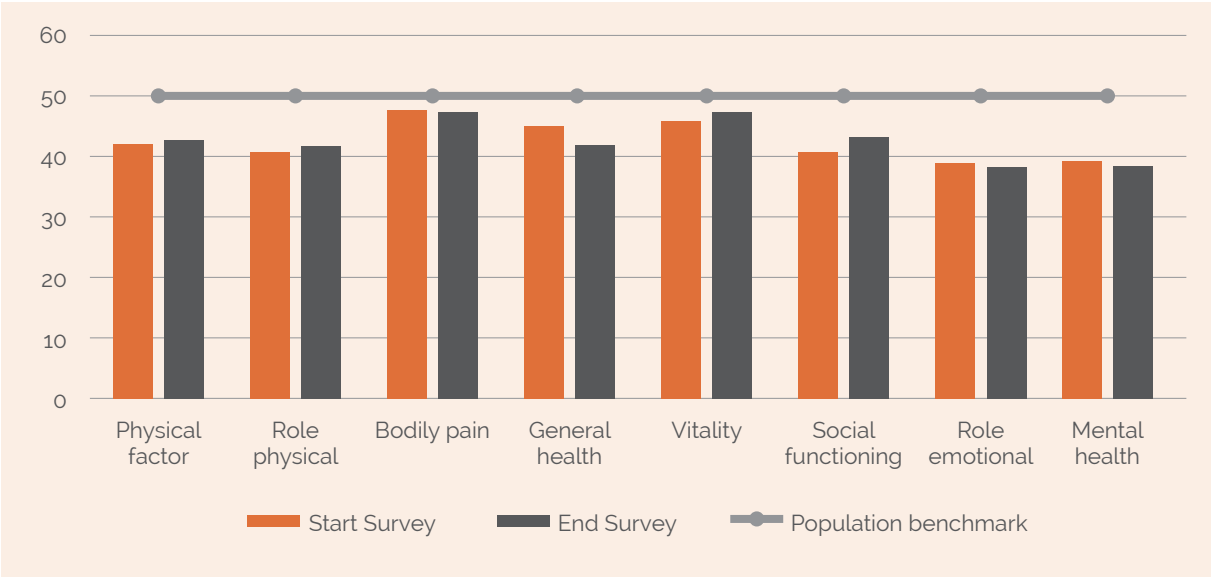
SF-8 Health Survey

Analysis of the SF-8 metric was conducted internally by Adult Learning Lewisham using the SF-8 software. The software tallied learner surveys to produce scores for eight health-related components, as well as producing a summary score for both physical and mental health. The higher

the score registered, the greater the indication of better quality health. Before and after scores were calculated to assess the state of health of learners, enabling a comparison between scores to measure progress over time. Scores can also be benchmarked against the population norm score for each component of the metric, which is 50. Figure 2.1 shows the start and end metrics across each of the eight health-related components. Results from the start survey show that learners scored consistently lower than the population

benchmark across each component, indicating lower levels of both physical and mental health¹³. 'Bodily pain' was recorded as the component in which learner start scores were closest to the population norm, whilst 'role emotional' and 'mental health' were the components furthest from the population norm. Results from the end survey show positive and negative movement across the components, with learners still scoring consistently lower than the population norm.

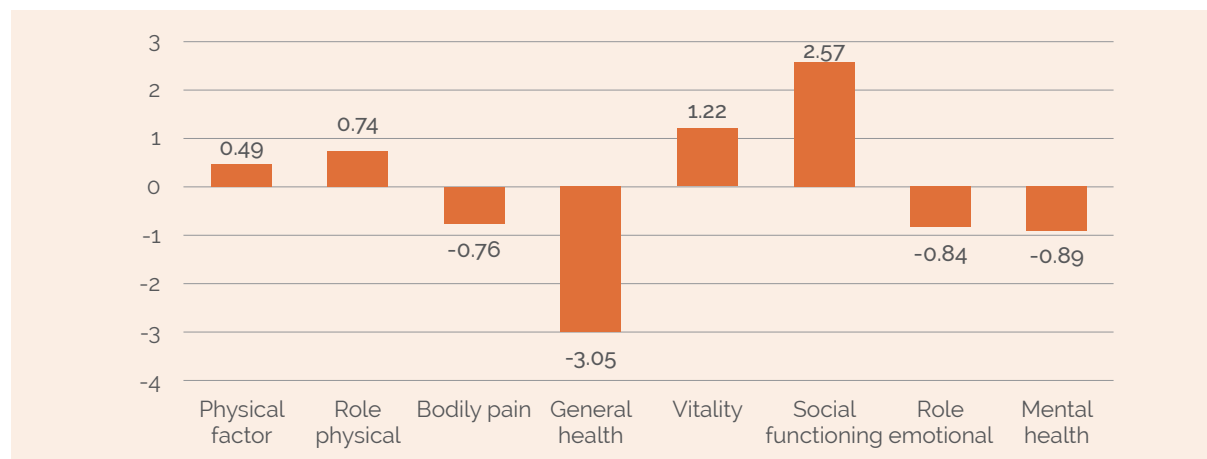
Figure 2.1: Comparison of SF-8 start and end scores with population comparison, Adult Learning Lewisham



An analysis of the change in SF-8 components between the start and end surveys show a mixture of both positive and negative results. Learners demonstrated positive changes across social functioning, vitality, role physical and physical factor components; indicating progress across social and

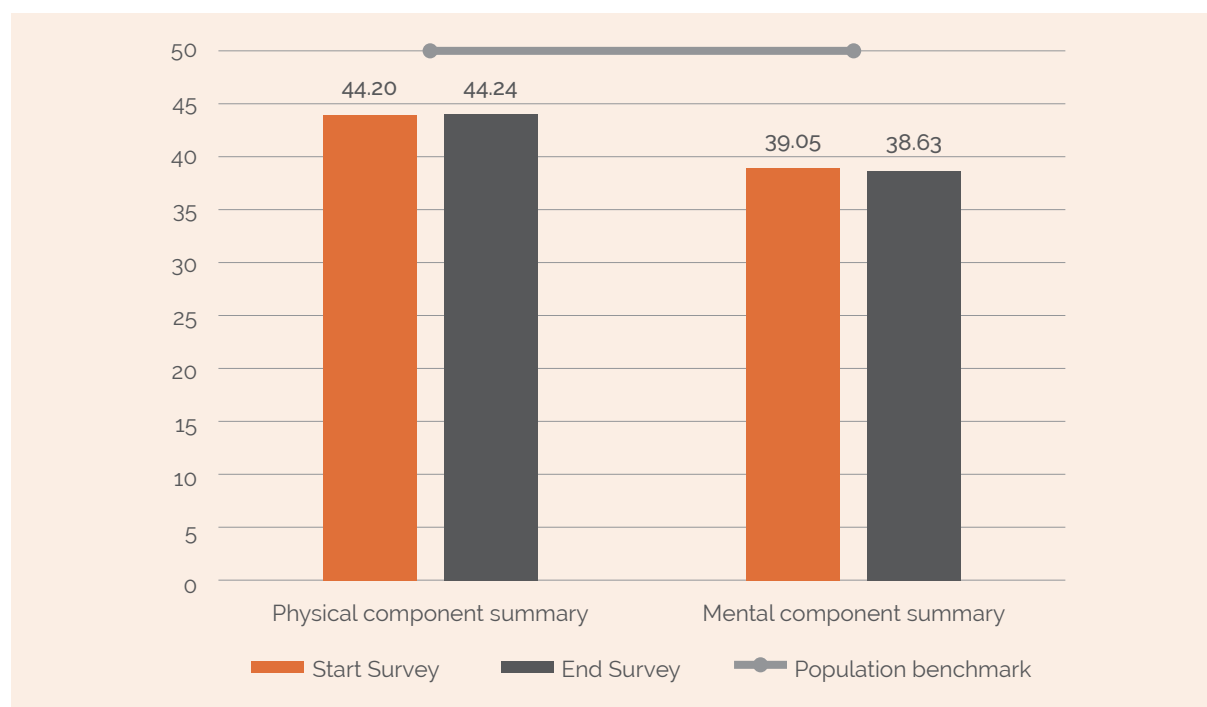
physical activity. However, learners saw a drop across some components, including general health, mental health, role emotional and bodily pain; indicating a drop in general health, mental health and emotional wellbeing.

¹³ Adult Learning Lewisham learners on all 13 courses that trialled the use of SF-8 metric were adults managing mental ill health, many of whom also had a learning disability / difficulty.

Figure 2.2: Change in SF-8 start and end scores, Adult Learning Lewisham

The metric combines physical and mental components to give summary scores. As with the individual components, summary scores give an indication that learner health is substantially below the population norm. Learners' mental health was furthest from the norm, whilst physical health was

closer. End surveys indicate a mixed picture, with the physical component summary indicating a marginal increase in physical health (0.04), whilst the mental component summary measured a small drop in mental health (0.42).

Figure 2.3: Comparison of SF-8 start and end summary scores with population comparison, Adult Learning Lewisham

In addition to metric scores displayed in Figures 2.1, 2.2 and 2.3, the programme also can also produce report cards with a range of innovative features including benchmarks, cohort analysis and learner assessments, though these were not used in this analysis of the metric.

Adult Learning Lewisham were confident that metric outputs could be used to demonstrate the health of learners and changes to stakeholders and found it valuable to be able to benchmark against the population norm. However, staff were unsure of the complexity of the components involved, and what would constitute significant progress or deterioration according to the metric when interpreting results. Adult Learning Lewisham were also conscious of the impact of external factors when measuring physical and mental health, and the impact they may have had on the results. For example, the onset of winter and associated increase in seasonal illnesses and declining physical health and mobility.

Warwick Edinburgh Health and Wellbeing Scale

L&W collected Warwick Edinburgh Health and Wellbeing Scale (WEMWBS) data from three providers; the West Midlands Adult and Community Learning Alliance, Derbyshire County Council Adult Learning Service and Manchester Adult

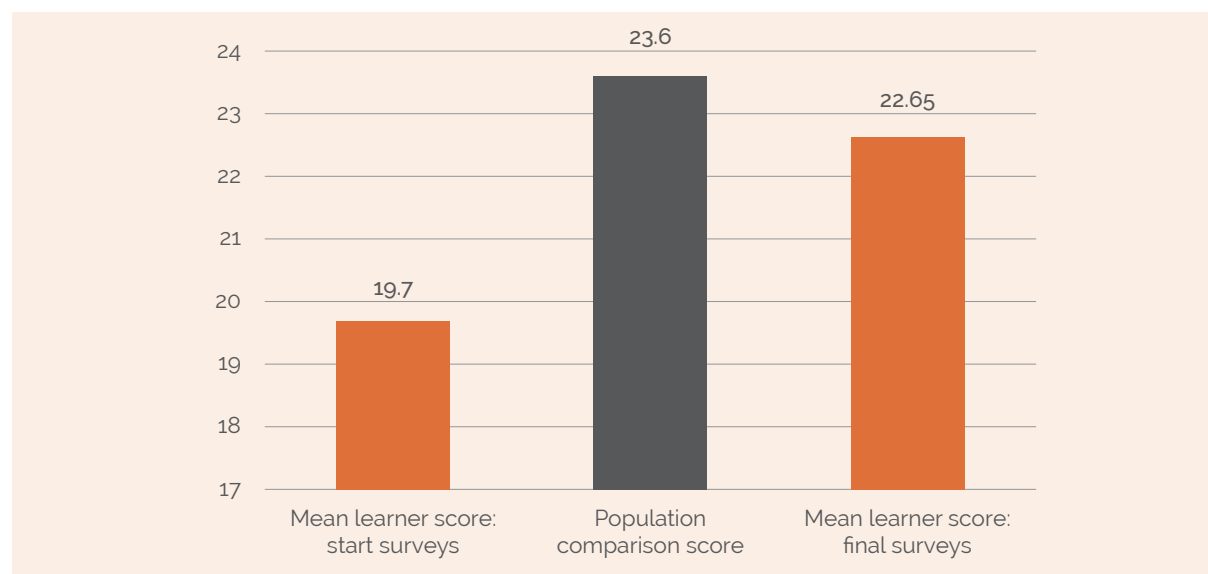
Education Service. Both Derbyshire County Council Adult Learning Service and Manchester Adult Education Service piloted the short-version of Warwick Edinburgh Health and Wellbeing Scale (SWEMWBS), whilst pilot sites within West Midlands Adult and Community Learning Alliance trialled both the long and short versions of the metric. To keep the results consistent, L&W conducted analysis on the short-version, omitting questions that were included in long-version from the analysis.

SWEMWBS produces a metric score for each learner, representing a measure of their health and wellbeing at each stage of the survey. The start and end scores of learners were averaged for each provider and compared to measure change over time¹⁴. The difference between the start scores and end scores were also tested for statistical significance. Scores were also compared with the national benchmark to provide a comparison with the wider population. Figure 2.4 demonstrates the change in score measured across learners with Derbyshire County Adult Learning Service. Learners start surveys averaged at 19.7, substantially lower than the population mean. Learners average metric score increased to 22.65 by the end of the courses, indicating an overall increase in mental wellbeing, that was found to be statistically significant¹⁵.

¹⁴ If the distribution of the difference between the start scores and final scores was normal, then the mean was taken as the average.
If the distribution of the difference between the start and final scores was not normal, then the median was taken as the average.

¹⁵ $P < 0.001$

Figure 2.4: Comparison of mean start and final SWEMWBS scores with population comparison, Derbyshire County Council Adult Learning Service



In addition to analysing the changes in average scores, an analysis of the change across individual learners was also used to provide a breakdown of the proportion of learners that had experienced an increase, no change or a decrease in score as shown in Figure 2.5. The analysis for the West

Midlands Adult and Community Learning Alliance shows that 56.7% of learners to partake in the pilot experienced a positive change in SWEMWBS, whilst 21.4% experienced a decline in SWEMWBS and a further 21.4% experienced no change.

Figure 2.5: Breakdown of change in SWEMWBS score across learners, West Midlands Adult and Community Learning Alliance

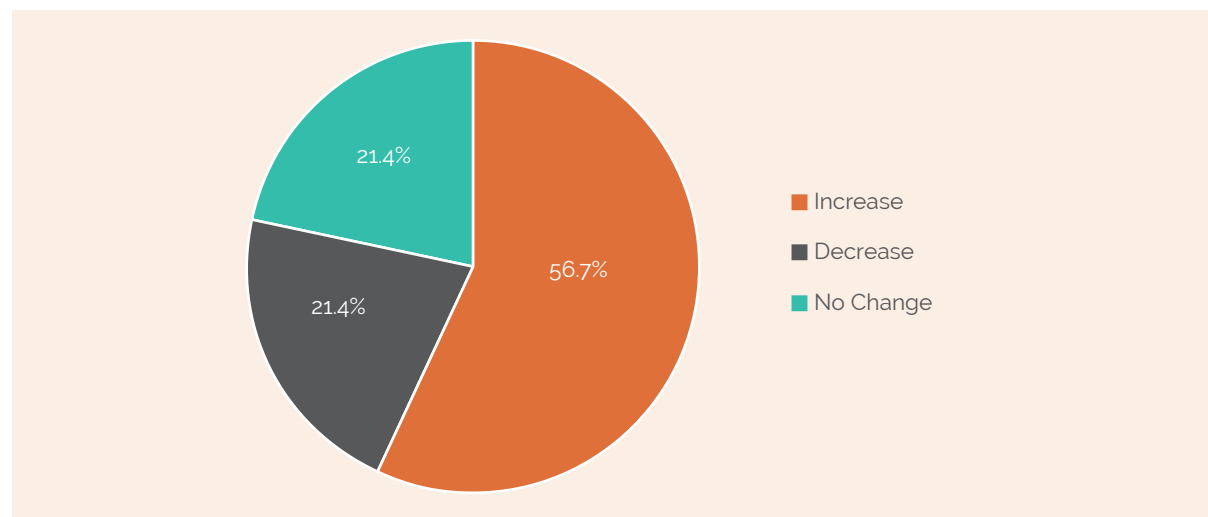
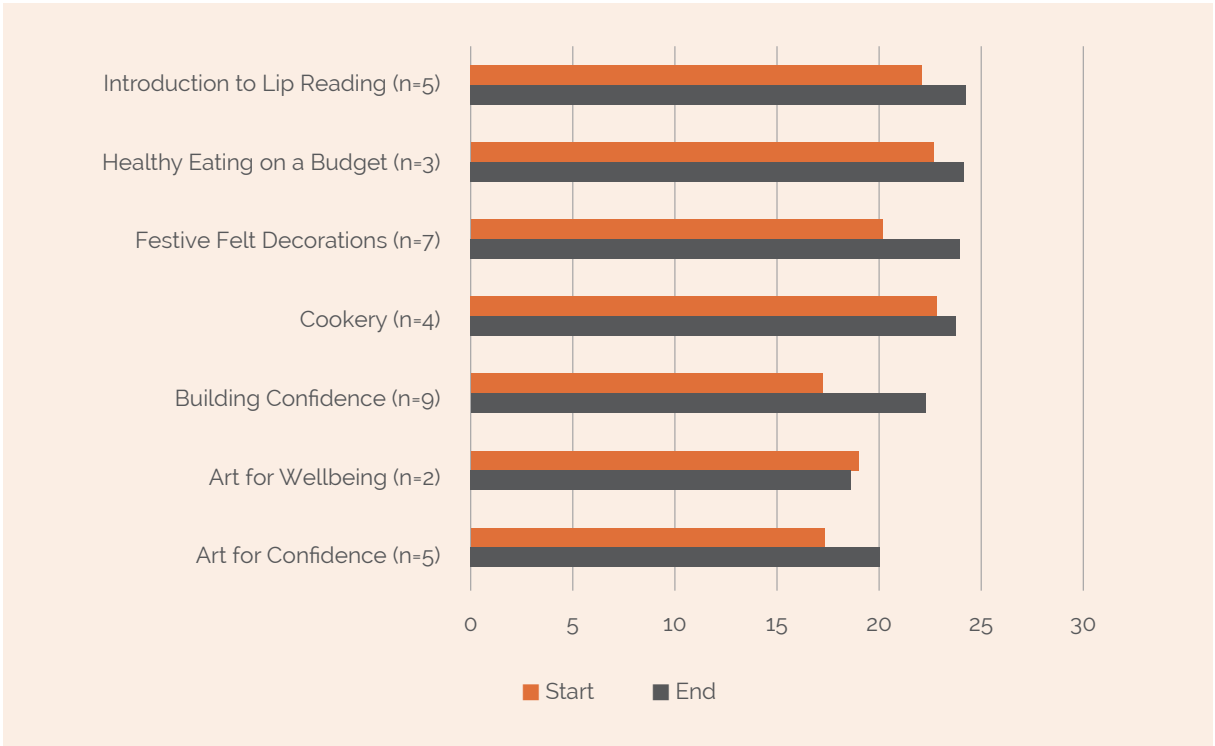


Figure 2.6: Breakdown of mean start and end SWEMWBS score across course types, Derbyshire County Council Adult Learning Service



Each of three providers which trialled the use of SWMWBS recorded positive change over the course of the learning, all of which were all found to be statistically significant. The three providers were very pleased with the outputs and the simple format of the analysis, especially considering the large quantities of data involved. The providers felt that the charts were easy to understand, simple tools which clearly demonstrated the health and wellbeing of learners and change over time. Providers were particularly positive about the ability to compare the metric scores internally and externally, explaining that comparisons with national benchmarks helped to provide context to their scores, whilst internal comparisons across different cohorts supported providers to think about the effectiveness of different courses and learning sites. Providers were confident that the metrics would help them to clearly communicate the

positive value of non-accredited learning to wider stakeholders and partners, supporting their ability to build partnerships and secure additional funding allocations in the future.

Both Manchester Adult Education Service and the West Midlands Adult and Community Learning Alliance were surprised by the average starting points for their learners, which were at or higher than the national population benchmark. West Midlands Adult and Community Learning Alliance felt that this may have been the result of learners not reflecting their actual situation, either because they did not have an accurate understanding of the metric or did not want to divulge their true situation. Manchester Adult Education Service were also surprised that their learners were above the national benchmark and were keen to further investigate the reasons for this.

Confidence and progression

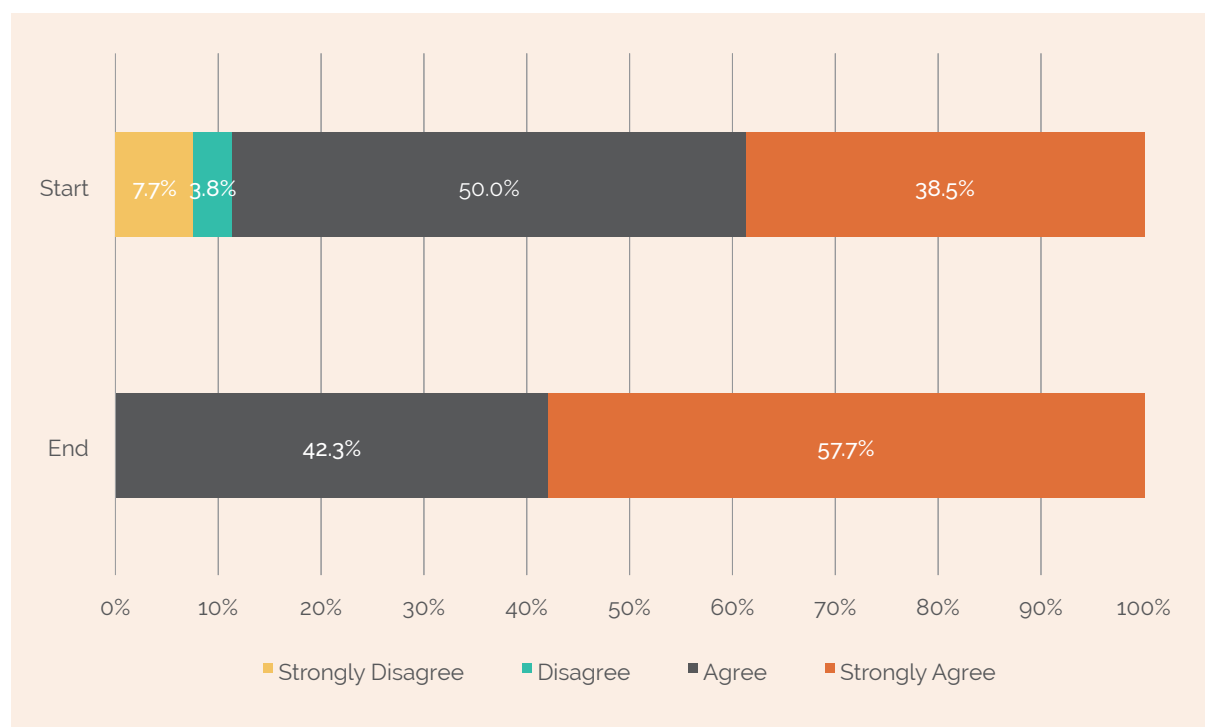
L&W collected data from the L&W-developed Employment metric from both Manchester Adult Education Service and Camden Adult Community Learning. Manchester Adult Education Service piloted the full six questions, whilst Camden Adult Community Learning piloted the first four questions. Alongside the Employment metric, L&W also received data from the New General Self Efficacy Scale (GSES), which was also piloted by Camden Adult Community Learning.

L&W-Developed Employment Metric

Each of the questions included in the question set was analysed individually to compare the change

in the breakdown of answers given at the point of the start survey and the point of the end survey. In addition to analysing the breakdown of answers given, the change in the answers to each question were tested for their statistical significance. Figure 2.7 demonstrates the breakdown of answers given to question four. The chart shows that the proportion of learners who said they strongly agreed with the statement 'I would be a happier, more fulfilled person if I was in paid work' increased substantially over the course of learning, whilst the proportion saying they agreed, disagreed or strongly disagreed fell, indicating a positive overall movement. The change was found to be statistically significant¹⁶.

Figure 2.7: Breakdown of answers to 'I would be a happier, more fulfilled person if I was in paid work' start and end surveys, Camden Adult Community Learning

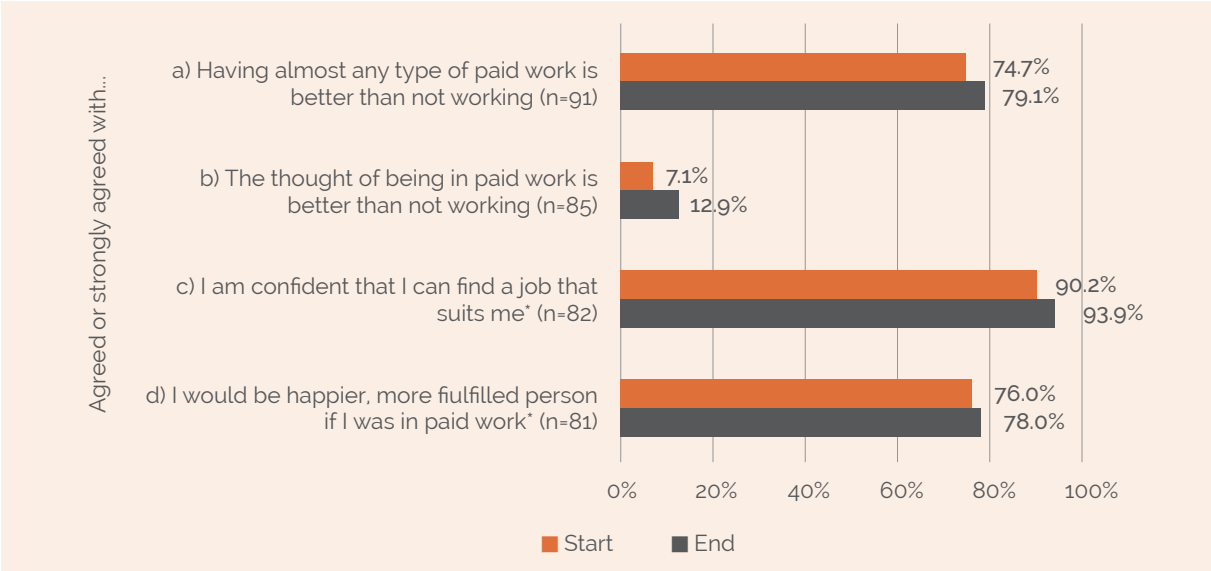


¹⁶ p = 0.033

In addition to showing the individual analyses of each question, L&W depicted the change in the proportion of learners whom agreed or strongly agreed to the questions asked. As shown in Figure 2.8 this gave a summary view of the proportion of

learners who responded positively to the questions included in the metric, clearly indicating any progress measured by the metric and allowing for comparison across the questions.

Figure 2.8: Change in the proportion of learners saying they agreed or strongly agreed with the questions asked, Manchester Adult Education Service



Both providers were positive about the ability of the L&W developed Employment metric to demonstrate progress made, describing the output as clear and effective. Despite concerns over the metric, and learners' capacity to relate to the questions, Manchester Adult Education Service explained how the metric was a clear method of evidencing change, alongside identifying gaps in learners' skills and capabilities which could be used to inform future lesson planning to address skills gaps. Despite the largely positive reaction from Manchester Adult Education Service, the provider did have concerns over learner understanding of question b which caused them to doubt the reliability of the metric in comparison to others. Despite the positive reaction to the results format, Camden Adult Community Learning did not feel the results obtained by their metric were reliable due to concerns over the complexity of the language used

and learners' understanding of the metric, and felt the metric was unsuitable for learners with limited proficiency in English language. Staff felt the data analysis added weight to this presumption, due to the unexpectedly positive results.

New General Self Efficacy Scale

L&W collected New General Self Efficacy Scale (GSES) data from Camden Adult Community Learning.

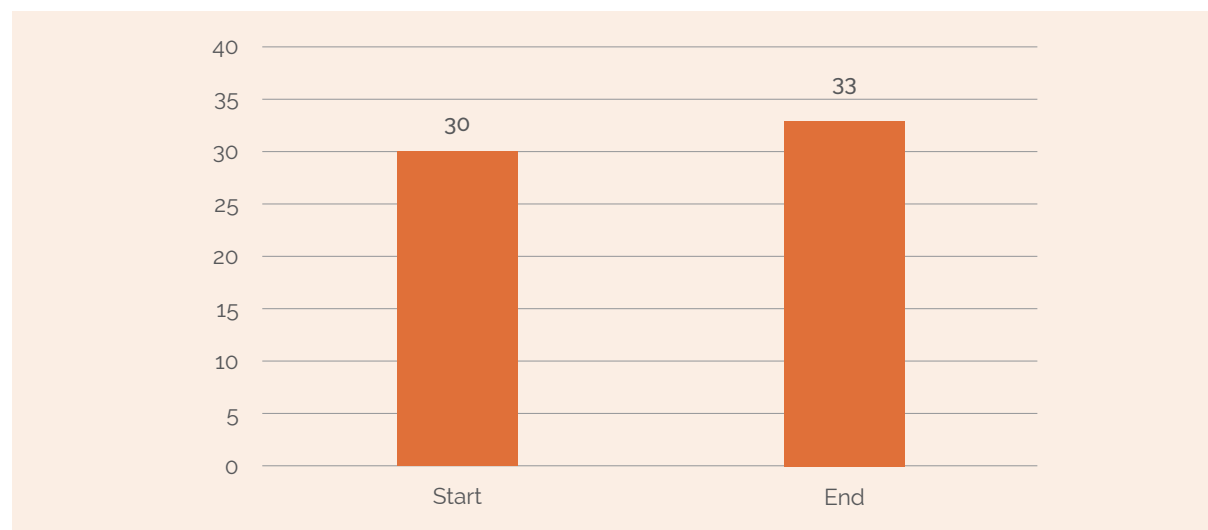
GSES produces a metric score for each learner, representing a measure of their self-efficacy at each stage of the survey. The start and end scores for each learner were averaged, and then compared to measure change over time¹⁷. The difference between the start and end scores were also tested for statistical significance. Figure 2.9 demonstrates the change in median score measured across

¹⁷ If the distribution of the difference between the start scores and final scores was normal, then the mean was taken as the average. If the distribution of the difference between the start and final scores was not normal, then the median was taken as the average.

learners from Camden Adult Community Learning. Learners median metric score for the start surveys was 30. This increased to 33 for the end surveys,

indicating an overall increase in self-efficacy over the course of learning. The change was found to be statistically significant¹⁸.

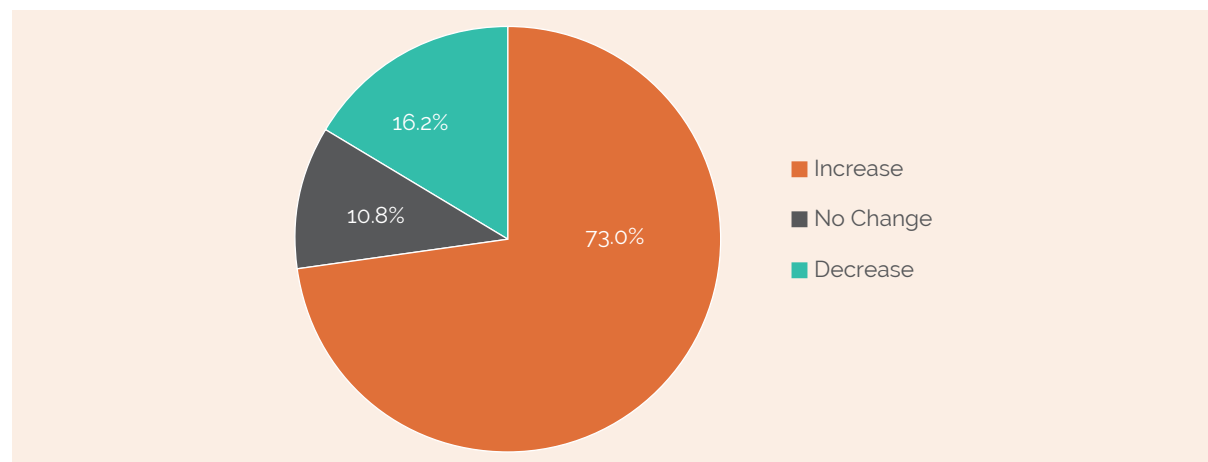
Figure 2.9: Comparison of median start and final GSES score, Camden Adult Community Learning



In addition to analysing the changes in average scores, an analysis of the change across individual learners was also used to provide a breakdown of the proportion of learners that had experienced an increase, no change or a decrease in score as

shown in Figure 2.10. This analysis for Camden Adult Community Learning shows that 73.0% of learners to partake in the pilot experienced a positive change in GSES, whilst 16.2% experienced a decline in GSES and 10.8% experienced no change.

Figure 2.10: Breakdown of change in GSES score across learners, Camden Adult Community Learning

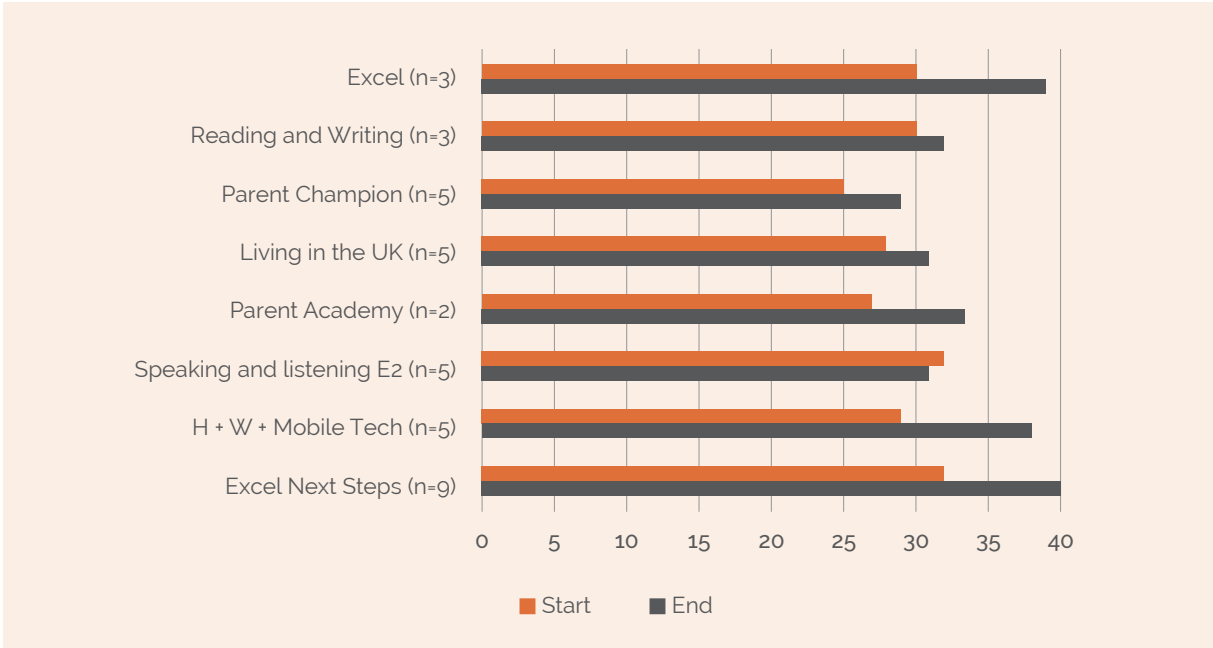


¹⁸ $p < 0.001$

It was also possible to conduct additional analysis to compare the change in GSES scores across different cohorts, for example comparisons across

course types. Figure 2.11 demonstrates the average change in score experienced across courses for Camden Adult Community Learning.

Figure 2.11: Breakdown of median start and end GSES score across course types, Camden Adult Community Learning



Camden Adult Community Learning was positive about the output of the metric, describing the analysis as simple method to demonstrate the outcomes achieved by pilot. Staff thought the analysis format meant it would be straightforward to communicate to stakeholders and evidence their value. However, Camden Adult Community Learning felt that the results obtained by the metric were unreliable and were not a fair reflection of the self-efficacy. As with the L&W developed employment metric, staff felt that learners were not able to comprehend the meaning of the questions due to the complex language use and their limited proficiency in English language. As a result, Camden Adult Community Learning stated it would not use the GSES metric again.

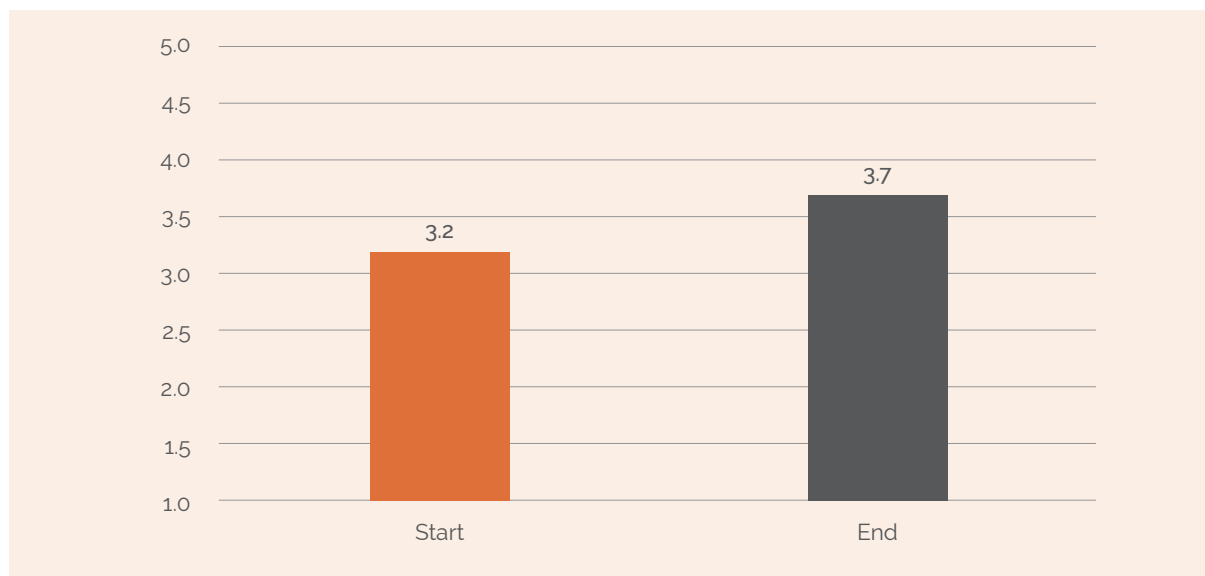
Social capital

L&W collected data from the Personal Social Capital Scale-8 (PSCS-8) metric from both Southend Adult Community College and Westminster Adult Education Service. PSCS-8 produces a metric score for each learner, representing a measure of their social capital at each stage of the survey. The start and end scores for each learner were averaged, and then compared to measure change over time¹⁹. The difference between the start and end scores were also tested for statistical significance. Figure 2.12 demonstrates the change in mean score measured across learners from Southend Adult Community Learning. Learners' mean metric score for the start surveys was 3.2. This increased to 3.7 for the end surveys, indicating an overall increase in social capital over the course of learning. The change was found to not be statistically significant, unsurprising given the small sample size of seven²⁰.

¹⁹ If the distribution of the difference between the start scores and final scores was normal, then the mean was taken as the average. If the distribution of the difference between the start and final scores was not normal, then the median was taken as the average.

²⁰ p = 0.141

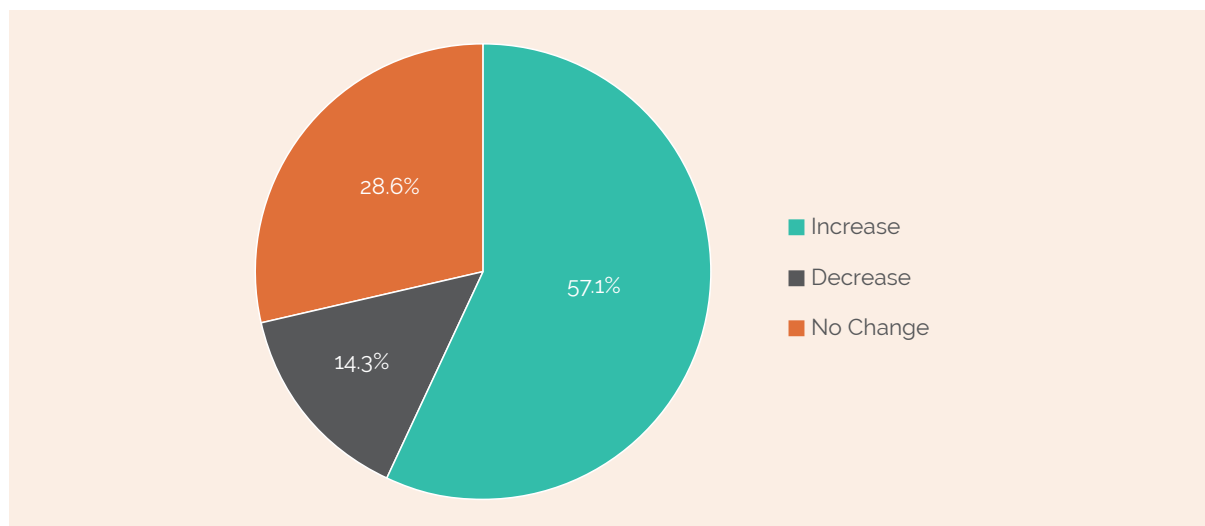
Figure 2.12: Comparison of mean start and final PSCS-8 score, Southend Adult Community College



In addition to analysing the changes in average scores, an analysis of the change across individual learners was also used to provide a breakdown of the proportion of learners that had experienced an increase, no change or a decrease in score as

shown in Figure 2.13. This analysis for Southend Adult Community College shows that that 57.1% of learners to partake in the pilot experienced a positive change, whilst 28.6% experienced a decline in PSCS-8 and 14.3% experienced no change.

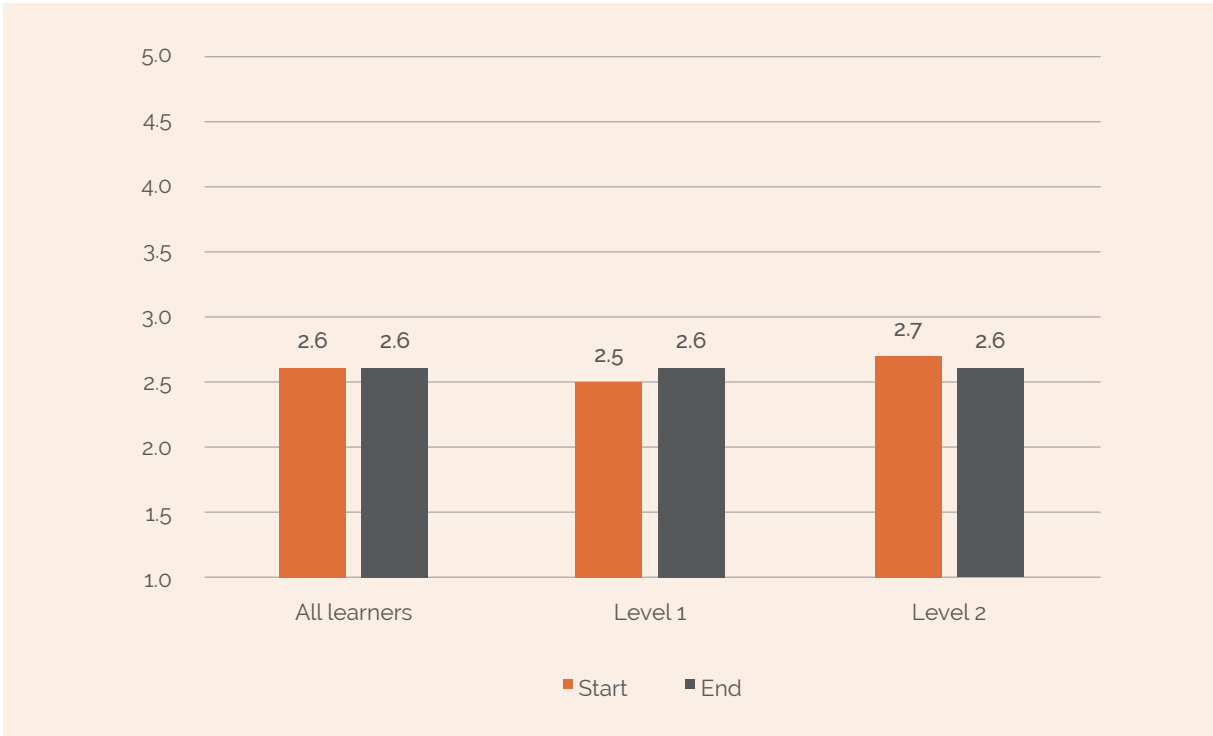
Figure 2.13: Breakdown of change in PSCS-8 score across learners, Southend Adult Community College



It was also possible to conduct additional analysis to compare the change in PSCS-8 scores across different cohorts, for example comparisons across

course types. Figure 2.14 demonstrates the average change in score experienced across the levels of courses for Westminster Adult Education Service.

Figure 2.14: Breakdown of median start and end PSCS-8 score across course levels, Westminster Adult Education Service



Despite disappointment with the metric results, both Southend Adult Community College and Westminster Adult Education Service were positive about the analysis format. Both providers understood that the small sample size and other factors, such as Westminster Adult Education Service having to collect their final data at the mid-point rather than the course end, limited the potential to effectively measure any impact arising through the course. Both providers were keen to expand their experience with the metric and planned to optimise future data collection methods and processes to build on their learning and measure social capital changes in the future.

Future Developments

Overall, providers were positive about the results obtained through the pilot. Many of the providers planned to use the data produced to inform internal and external processes, including course development, stakeholder and planning groups. Some providers also stated they would share their data and lessons learnt with similar development groups which were investigating the value of social metrics.

Some of the providers included in the pilot planned to continue their use and development of the metrics they trialled. Westminster Adult Education Service aimed to expand their use of the PSCS-8 metric across a larger range of learners from their

non-accredited courses. WAES was keen to keep the process as efficient as possible, with minimal additions to staff and learner paperwork to ensure greater staff and learner engagement. Derbyshire County Council Adult Learning were considering embedding SWEMWBS across a wider range of non-accredited learning where improvements are considered one of the principal outcomes. Both providers spoke of the need to further refine the implementation and data collection process, including incorporating the metrics within the RARPA process and end of course evaluations. Derbyshire County Council Adult Learning identified the additional steps necessary to ensure that the use of the metric was consistent across all sites, including implementing the metric across a longer timescale to ensure that all staff were fully supported to understand the use of the metric. Derbyshire County Council Adult Learning was also keen to explore techniques in which to maximise the return of matched start and end surveys, and the methods possible to avoid the loss of valuable data. One of the main barriers to continued development to providers was developing the capability to conduct metric analysis internally. Providers stated that this was an area they were confident they could develop the skills and capacity to lead on. However, some providers stated that concerns over limited resources meant they were averse from investing the resources necessary to expand their capability and were reluctant to do so without further development of metrics across the wider sector and indication that the metrics would effectively demonstrate the impact and value of their provision to wider stakeholders.

Similarly, Manchester Adult Education Service, Adult Learning Lewisham and Southend Adult Learning College planned to further explore the use of their metrics in the future, with the possibility of expanding their use across their provision. Both Manchester Adult Education Service and Adult Learning Lewisham recognised the value of continuing to collect information to feedback to stakeholders as well as informing internal development. However, both sought to widen their

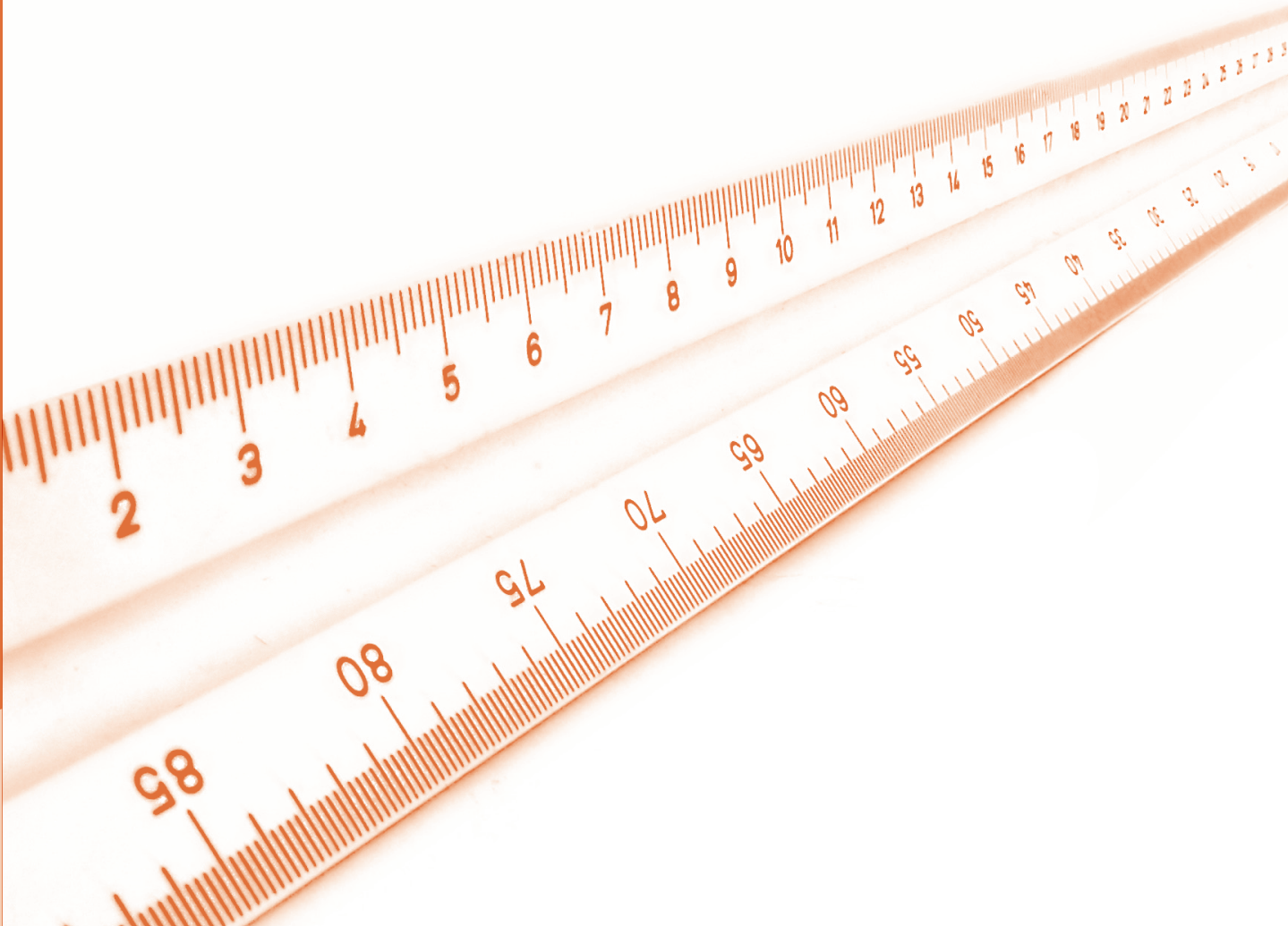
scope and identify additional metrics which may be better suited to measuring the types of outcomes experienced by their learners, or whose outputs matched the focus of stakeholders and partners. This included working with stakeholders such as Public Health, local authority departments and the Department for Work and Pensions, to explore which metrics were best suited to their scope and priority areas.

Moving forward, providers also aimed to optimise their collection methods to better support staff and learners and make the process more efficient. For example, one provider planned to embed future metrics alongside learning-related activities such as confidence and employability enrichment activities to build engagement with learners and tie the metrics alongside learning with a focus on the targeted outcome. Providers also reported plans to stage questions at different data collection points in the learning cycle as to not overburden learners, measure progress across their whole journey and maximise the amount of data returns gathered. Providers also discussed plans to utilise digital techniques, such as online surveys for learners who are digitally competent, to simplify the data collection and input process and improve the accessibility of the process for learners.

Camden Adult Community Learning did not intend to continue with either the New General Self-Efficacy metric or the L&W developed employment metric because of the language problems experienced and their resulting unsuitability for their learner cohort. Despite this, Camden Adult Community Learning were interested in exploring the use of other social metrics within their provision, particularly the need to identify metrics which are suitable for learners with limited English language proficiency and techniques to support their use of the metrics, for example accessible formats, simplified wording or metrics in the first language of learners. Overall, Camden Adult Community Learning were positive about the process they facilitated, stating they would adopt similar methods of implementation in the future if they were to trial new approaches.

Despite positive feedback, the West Midlands Adult and Community Learning Alliance spoke of their ambition to explore alternative internally-developed metrics which offered greater adaptability to their courses, learners and expected outcomes. West Midlands Adult and Community Learning Alliance thought this was important to ensure that metrics suitability reflect what they are measuring, describing WEMWBS as too rigid with resulting problems for the understanding of learners and accuracy of the data collected, and as a result not

fully appropriate. Despite this, some of the providers within the West Midlands Adult and Community Learning Alliance planned to continue their use of WEMWBS. Similarly, despite withdrawing from the pilot due to the challenges experienced and perceived unsuitability of the Duke Social Support Index, Leeds City Council Adult Learning had since developed their own internal systems, using social impact statements to monitor and record outcomes for their learners.



Conclusions and recommendations

The principal aims of the social metrics project were to:

- Implement the most successful metrics from the 16/17 work with an increased number of new providers, and work with new and/or previous test sites to scale up their implementation
- Identify and test new metrics not tested in 16/17 with providers to establish their suitability for embedding into providers' processes
- Work with providers to identify and support the implementation of approaches to data collection which ensure that the data gathered is accurate and robust, whilst minimising any unintended adverse effect on the learner experience.
- Support providers who successfully implement social metrics data collection at scale with data analysis, producing exemplar findings which are useful in evidencing the impact of provision.

This report has demonstrated the ways in which these objectives have been met. Overall, successful implementation of social metrics depends on a combination of factors, which includes both the content and format of the tool itself, and the way in which it is deployed. Some metrics were considered to have more suitable content for the Adult Community Learning setting than others. For example, the content of SWEMWBS was generally considered acceptable, but providers who were interested in testing the Duke Social Support Index raised concerns about the personal nature of the questions asked. At the same time, a number of pilot sites were able to successfully implement social metrics, despite concerns about the content. For example, part of the the L&W-developed employability scale was reported to be unclear to some learners, yet providers using this metric were able to mitigate these challenges by adopting effective approaches to implementation, for example by ensuring that all staff involved in data collection were appropriately briefed. This ensured that data could still be collected, as well as helping to identify ways in which the tool could be refined for any further future use. Any future standardised implementation of social metrics will therefore

need to consider both the relevance and inherent suitability of the content of the tools selected, balanced against provider capacity to implement the tool effectively, and the kinds of support that will be required to do so.

Key Messages for Adult Learning Providers

Providers' experiences of piloting a range social metrics, and the resulting analysis, suggest key messages relating to the use of social metrics in Adult Community Learning:

- Providers can implement a range of social metrics effectively and, despite the complexities, retain robust independence of data collection, where implementation methods gain tutor and learner buy-in.
- Providers should ensure the appropriate training and briefing of tutors and other staff involved is in place, before implementation of social metrics data collection
- Developing and implementing on-line tools for data collection, which have the potential to make the data collection and analysis processes more efficient, should be central to providers' efforts to enhance their capacity in relation to social outcomes data collection.
- Providers need to formulate a clear strategy, rationale and approach to the use of social metrics. For example, managers must be clear about the types of provision, the learner cohorts and the timings for any data collection. For future implementation, providers will need to identify the appropriate internal, or where necessary external, capacity and resource to support data analysis.
- It may not be appropriate to embed social metrics in some kinds of provision, such as full-cost recovery courses, where it may be less important demonstrate effective use of public funds.

- Providers should be mindful of the literacy skills required for learners to read, fully understand and respond accurately to social metrics questions, and consider the need for alternative arrangements where the literacy skills required are beyond the current literacy levels of the learners.
- A broad sample of data across provision to demonstrate overall impact may be more useful than a course-based approach or single cohort of learners, as this would help to collect data at sufficient scale for analysis to take place.
- Reporting at course or curriculum level is possible, but providers should be mindful of the risk of inappropriate comparisons or judgements about the relative value of different kinds of learning being made (for example, by external stakeholders). Any such comparisons would be contrary to the purpose of embedding social metrics, which is to evidence the wider impacts and benefits of participation in adult learning.

Recommendations

Adult Community Learning providers are generally supportive of standardisation of the use of social metrics across the sector. To build upon this:

- DfE should consider supporting the sector to test implementation of social metrics across longer time scales, for example within year-long courses over the academic year.
- DfE should consider supporting the sector to develop a standard, national framework for capturing a wide range of outcomes from non-accredited learning provision, building upon the learning from this project, the Community Learning Mental Health pilots and L&W's work on a Family Learning outcomes framework.

Mayoral Combined Authorities (MCAs), Local Enterprise Partnerships and other local authorities would be able to draw upon this to agree the appropriate measures for the local context.

- DfE should consider undertaking further work to identify the potential application and benefits of extending wider outcomes capture and measurement into Entry Level provision (including accredited provision) more generally.

This could include work to explore the potential to enhance the accessibility of social metrics tools for learners with low levels of literacy and/or language skills (for example, by developing 'easy read' formats), whilst retaining robustness and comparability with the standard versions of the metrics. The work could focus on AEB provision where wider outcomes such as increased confidence are particularly important in helping the AEB to deliver its stated objectives, such as supporting engagement in learning and progression to further learning. For example, outcomes measures around confidence or financial capability could sit alongside achievement data in Entry Level English and/or maths provision.

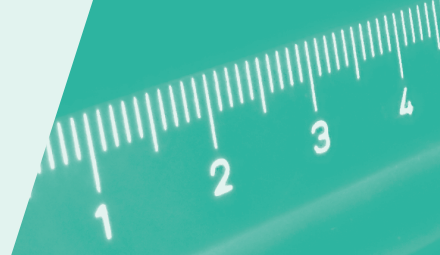
- MCAs in Adult Education Budget devolution areas, and the Greater London Authority, should consider using social metrics to evidence the wider outcomes of adult community learning – and other types of adult learning – through their AEB commissioning arrangements.

To support this, and other innovation in adult learning, local AEB commissioners should reserve a small part of their AEB allocation to support provider innovation and capacity building projects (e.g. in data collection and analysis).

- Providers should persevere with developing the use of a range of social metrics.

Mental health and wellbeing metrics are becoming well established, through the involvement of many providers in the recent Community Learning Mental Health pilots. This project shows that other outcomes can be captured too, with the social capital and employment readiness tools working well in some contexts. Supported by a range of research evidence, providers emphasise the range of wider outcomes of learning, so this should be reflected in the range of measures used.

Annex A: Social Metrics



Health and wellbeing

Warwick Edinburgh Health and Wellbeing Scale

Warwick Edinburgh Health and Wellbeing Scale (WEMWBS) is a well-established scale which has been validated for the measurement of mental wellbeing. WEMWBS is available as a full-14 item questionnaire, and a shorter 7 item version. Both versions produce a single score, which can be used to assess wellbeing and measure changes over time.

The questions used as part of the 14-item version were:

1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been feeling interested in other people
5. I've had energy to spare
6. I've been dealing with problems well
7. I've been thinking clearly
8. I've been feeling good about myself
9. I've been feeling close to other people
10. I've been feeling confident
11. I've been able to make up my own mind about things
12. I've been feeling loved
13. I've been interested in new things
14. I've been feeling cheerful

Scale: None of the time; Rarely; Some of the time; Often; All of the time

The short-version of WEMWBS (SWEMWBS) uses only 7 of the 14 items:

1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to other people
7. I've been able to make up my own mind about things

SF-8 Health Survey

The Optum SF-8 Health Survey is a shortened version of the SF-36 Health Survey, and is used monitor population health and large-scale outcome studies. SF-8 uses eight questions to focus on the same eight health domains as the more extensive version. The questions asked are:

1. Overall, how would you rate your health during the past 4 weeks?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor
2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?
☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do physical activities
3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?
☐ None at all ☐ A little bit ☐ Some ☐ Quite a lot ☐ Could not do daily work
4. How much bodily pain have you had during the past 4 weeks?
☐ None ☐ Very mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe
5. During the past 4 weeks, how much energy did you have?
☐ Very much ☐ Quite a lot ☐ Some ☐ A little ☐ None
6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?
☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do social activities
7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?
☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a lot ☐ Extremely
8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?
☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do daily activities

Confidence and progression

The New General Self Efficacy Scale (GSES)

The University College London's (UCL) New General Self Efficacy Scale (GSES) seeks to measure independence, self-autonomy and self-confidence using the ten-item set of questions. GSES is a validated and robust measurement scale. The questions asked are:

1. I will be able to achieve most of the goals I set for myself
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
2. When facing difficult tasks, I am certain I will succeed
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
3. In general, I think I can achieve outcomes that are important to me
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
4. I believe I can succeed at most tasks to which I set my mind
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
5. I will be able to successfully overcome many challenges
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
6. I am confident I can manage well on many different tasks
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
7. Compared to other people, I can do most tasks very well
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
8. Even when things are tough, I can manage quite well
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree

L&W-Developed Employment Metric

The employment questions are derived from surveys conducted by Learning and Work Institute, on behalf of the Department for Work and Pensions. The questions are used in several surveys including the Lone Parent Obligation survey, the Universal Support Delivered Locally Trials survey and the Supervised Jobsearch Pilots survey and were subjected to two rounds of cognitive testing and piloting for each project. The questions specifically explore attitudes towards work and confidence in getting employment. The employment questions used were:

1. Having almost any type of paid work is better than not working
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
2. The thought of being in paid work is better than not working
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
3. I am confident that I can find a job that suits me
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
4. I would be happier, more fulfilled person if I was in paid work
☐ Strongly Agree ☐ Agree ☐ No preference ☐ Disagree ☐ Strongly Disagree
5. You can do well in job interviews
☐ Not all confident ☐ Not confident ☐ Confident ☐ Completely Confident ☐ Don't know
6. You can cope with rejections and knock backs
☐ Not all confident ☐ Not confident ☐ Confident ☐ Completely Confident ☐ Don't know
7. Which of these statements best describes what you do when you either receive a printed bank statement for this account or check your bank statement on-line? (select one)
☐ I check off receipts and spending against the statement
☐ I check the entries and balance on the statements to see if they look OK
☐ I just check the balance
☐ I don't look at the statement at all
☐ Don't know
8. (Only answer if your answer to question 4 is 'No' or 'Don't Know') - how accurately do you know how much money you have at present, excluding any savings? I'm not interested in how much money you actually have, just how accurately you know how much you have. (select one)
☐ I have no idea at all ☐ I only have a rough idea how much I have ☐ I know exactly or within £1/£2

9. Please tell me how strongly you agree or disagree with the statement 'I always make sure I have money saved for an emergency' (select one)
- ☐ Agree Strongly ☐ Tend to agree ☐ Tend to disagree ☐ Disagree strongly ☐ Don't know
10. Do you have a day-to-day bank or building society account either in your own name or jointly with someone else that you use to receive and withdraw money? (select one)
- ☐ Yes ☐ No – go to question 8 ☐ Don't know – go to question 8
11. For how long would you be able to make ends meet (i.e. cope financially) if you lost the main sources of income coming into your household? (select one)
- ☐ Less than a week
- ☐ More than a week but less than a month
- ☐ More than a month but less than three months
- ☐ More than three months but less than six months
- ☐ More than six months but less than twelve months
- ☐ Twelve months or more
- ☐ Not relevant – no current regular income
- ☐ Don't know
12. How would you and (if living with them) your partner find the money to meet an unexpected major expense? By major, I mean an expense equivalent to your whole income for a month, or more.
- ☐ Draw money from current account
- ☐ Use existing savings/investments
- ☐ Borrow the money (for example from a bank loan or overdraft)
- ☐ Get help from family/friends
- ☐ Try and earn some extra money
- ☐ Sell something
- ☐ Reduce spending / go without food or utilities
- ☐ Would not be able to find money
- ☐ Don't know
- ☐ Other (please specify):

Social Capital

Duke Social Support Index

The Duke Social Support Index (DSSI) is a validated tool used to determine an individual's level of social support, based upon their level of social interaction and satisfaction with social support. The questions asked were:

1. Other than members of your family who you live with, how many people in your local area do you feel you can depend on or feel very close to?
2. In the past week, how many times did you spend time with someone who does not live with you (that is, you went to see them, or they came to visit you or you went out together)?
3. In the past week, how many times did you talk to a friend or relative on the telephone (either they called you, or you called them)?
4. In the past week, how often did you go to meetings of clubs, religious meetings, or other groups you belong to?
5. How often do you feel you have a definite role in the family and among friends?
☐ None of the time ☐ Rarely ☐ Some of the time ☐ Often ☐ All of the time
6. How often do your family and friends understand you?
☐ None of the time ☐ Rarely ☐ Some of the time ☐ Often ☐ All of the time
7. How often do you feel useful to family and friends?
☐ None of the time ☐ Rarely ☐ Some of the time ☐ Often ☐ All of the time
8. How often do you feel listened to by family and friends when talking to them?
☐ None of the time ☐ Rarely ☐ Some of the time ☐ Often ☐ All of the time
9. How often do you know what is going on with your family and friends?
☐ None of the time ☐ Rarely ☐ Some of the time ☐ Often ☐ All of the time
10. How often can you talk about your deepest problems with at least some of your family and friends?
☐ None of the time ☐ Rarely ☐ Some of the time ☐ Often ☐ All of the time
11. Overall, how satisfied are you with your relationships with friends and family?
☐ Very dissatisfied ☐ Somewhat dissatisfied ☐ Somewhat satisfied ☐ Satisfied

Family Relationships

Personal Social Capital Scale-8

The personal social capital scale is an empirically tested instrument which assesses bonding and bridging capital subscales to establish the level of personally owned social capital. The tool was established in China and the USA. There are two versions of the scale, a 16-point version and an 8-point version, the 8-point version was used in this evaluation. L&W adapted the language used for some of the questions to support learner use of the metric. The questions asked are:

1. How would you rate the number of friends you have?
☐ A lot ☐ More than average ☐ Average ☐ Less than average ☐ A few
2. Among your co-workers / colleagues / peers, how many can you trust?
☐ All ☐ Most ☐ Some ☐ A few ☐ None
3. Among all your relatives, neighbours, friends, co-workers, and classmates, how many have broad social connections (e.g. have a lot of relationships or contact with different types of people or organisations)?
☐ All ☐ Most ☐ Some ☐ A few ☐ None
4. How many of your co-workers / colleagues / peers will definitely help you if you asked?
☐ All ☐ Most ☐ Some ☐ A few ☐ None
5. How do you rate the number of cultural, recreational and leisure groups/organisations in your community? These could include religious, cultural organisations, alumni, sport, music, dance, crafts, games, etc.
☐ A lot ☐ More than average ☐ Average ☐ Less than average ☐ A few
6. How many of these groups and organisations would you describe as having broad social connections (e.g. are connected or appeal to many people)?
☐ All ☐ Most ☐ Some ☐ A few ☐ None
7. How many of the cultural, recreational and leisure groups/organisations represent your interests?
☐ All ☐ Most ☐ Some ☐ A few ☐ None
8. How many of the governmental, political, economic and social groups/organisations will help you upon your request?
☐ All ☐ Most ☐ Some ☐ A few ☐ None

Financial Capability

L&W-Developed Financial Capability Metric

The L&W developed financial capability metric is a revised version of the Personal Finance Research Centre's (PFR) Short Financial Capability questionnaire (for more detail of this, see www.bristol.ac.uk/media-library/sites/geography/migrated/documents/pfrc1114.pdf). The questions asked are:

1. Which one of the following statements best describes how well you are keeping up with your bills and financial/money commitments at the moment? (select one)
 - ☐ Keeping up with all of them without any difficulties
 - ☐ Keeping up with all of them, but it is a struggle from time to time
 - ☐ Keeping up with all of them, but it is a constant struggle
 - ☐ Falling behind with some of them
 - ☐ Having real money problems and falling behind with many of them
 - ☐ Don't have any commitments
 - ☐ Don't know
2. In the past 3 months, how often have you (and your partner) either run out of money before the end of the week or month or needed to borrow money from someone, use a credit card or use an overdraft to get by? (select one)
 - ☐ Always
 - ☐ Most of the time
 - ☐ Sometimes
 - ☐ Hardly ever
 - ☐ Never
 - ☐ Varies too much to say
3. How strongly do you agree or disagree with the following statement: "I am very organised when it comes to managing my money day to day?" (select one)
 - ☐ Agree Strongly
 - ☐ Tend to agree
 - ☐ Tend to disagree
 - ☐ Disagree strongly
 - ☐ Don't know
4. Do you have a day-to-day bank or building society account either in your own name or jointly with someone else that you use to receive and withdraw money? (select one)
 - ☐ Yes
 - ☐ No – go to question 8
 - ☐ Don't know – go to question 8

5. Which of the best describes how accurately you know how much money you have in this account? We're not interested in how much money is actually in the account, just how accurately you know how much money you have in the account? (select one)
- ☐ I have no idea at all
- ☐ I only have a rough idea how much I have
- ☐ I know exactly or within a pound or two
6. How often do you normally check how much money is in this account? (select one)
- ☐ Every day
- ☐ At least once a week, but not every day
- ☐ At least once a fortnight, but not once a week
- ☐ At least once a month, but not once a fortnight
- ☐ Less than once a month
- ☐ Never
7. Which of these statements best describes what you do when you either receive a printed bank statement for this account or check your bank statement on-line? (select one)
- ☐ I check off receipts and spending against the statement
- ☐ I check the entries and balance on the statements to see if they look OK
- ☐ I just check the balance
- ☐ I don't look at the statement at all
- ☐ Don't know
8. (Only answer if your answer to question 4 is 'No' or 'Don't Know') - how accurately do you know how much money you have at present, excluding any savings? I'm not interested in how much money you actually have, just how accurately you know how much you have. (select one)
- ☐ I have no idea at all ☐ I only have a rough idea how much I have ☐ I know exactly or within £1/£2
9. Please tell me how strongly you agree or disagree with the statement 'I always make sure I have money saved for an emergency' (select one)
- ☐ Agree Strongly ☐ Tend to agree ☐ Tend to disagree ☐ Disagree strongly ☐ Don't know
10. Do you have a day-to-day bank or building society account either in your own name or jointly with someone else that you use to receive and withdraw money? (select one)
- ☐ Yes ☐ No – go to question 8 ☐ Don't know – go to question 8

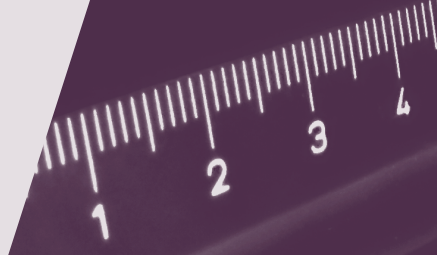
11. For how long would you be able to make ends meet (i.e. cope financially) if you lost the main sources of income coming into your household? (select one)

- ☐ Less than a week
- ☐ More than a week but less than a month
- ☐ More than a month but less than three months
- ☐ More than three months but less than six months
- ☐ More than six months but less than twelve months
- ☐ Twelve months or more
- ☐ Not relevant – no current regular income
- ☐ Don't know

12. How would you and (if living with them) your partner find the money to meet an unexpected major expense? By major, I mean an expense equivalent to your whole income for a month, or more.

- ☐ Draw money from current account
- ☐ Use existing savings/investments
- ☐ Borrow the money (for example from a bank loan or overdraft)
- ☐ Get help from family/friends
- ☐ Try and earn some extra money
- ☐ Sell something
- ☐ Reduce spending / go without food or utilities
- ☐ Would not be able to find money
- ☐ Don't know
- ☐ Other (please specify):

Annex B: Provider Case Studies



Adult Learning Lewisham

Background

Adult Learning Lewisham (ALL) is a local authority service for the London Borough of Lewisham that provides over 1,000 courses for up to 4,000 learners. ALL became involved with the pilot to collect robust evidence which demonstrates the value of provision to inform commissioners of the value of community learning, with a focus on demonstrating their effectiveness at tackling health-related problems. ALL felt that this was important due to the forthcoming devolution of the Adult Education Budget, and the increased role of local commissioning. Further, by evidencing their positive impact on the health of learners, ALL aimed to expand its role within the local health service environment through social prescribing.

Because of the focus on health, ALL worked with the local authority public health department to select a metric whose focus would support the strengthening of data collection and evidence health and wellbeing outcomes for learners. As a result, ALL chose to trial the Medical Outcomes Study 8-item Short Form (SF-8) (See Annex A for an example of the metric).

Courses and learners

ALL delivers a range of accredited and non-accredited provision. Accredited opportunities include English, maths, ESOL and health-related courses, whilst non-accredited learning includes arts, crafts and fitness. The metric was trialled across 13 courses, each of which focussed on personal development, and where learners were anticipated to experience health-related outcomes. Learners on all 13 courses that trialled the use of SF-8 metric were adults managing mental ill health, many of whom also had a learning disability / difficulty.

Current approach

Current data collection focuses on a range of evidence relating to learner experience. This is mainly collected via the individual learner plans

and includes the collection of learner goals and achievements as well as the collection of health and wellbeing-related measures.

Implementation and challenges

ALL introduced the metric to learners in paper form during the first and final week of the courses, following a similar format to the existing individual learning plan (ILP) approach. To facilitate the introduction of the metric, the curriculum lead introduced the metric to all tutors involved with the pilot via email, detailing the purpose of the pilot, the need to monitor impact and explaining the approach to be taken. Tutors responded positively to the metric, reporting that the process closely resembled the ILP approach, and hence the pilot avoided creating too many complications. Further, tutors found that the questions were simple and easy to understand, and as a result felt confident to facilitate the introduction of the metric with learners. During class, learners were supported to complete the metric individually, with additional support and guidance offered by tutors if necessary. ALL reported that learners were happy to participate with the metric and, through the provision of light-touch assistance, found it relatively easy to complete. The main challenge experienced by ALL was the collection and match of start and end-point datasets for learners because of learner absence during data collection points. Despite aiming to collect data for over 80 learners, only 25 matched pairs of surveys were collected.

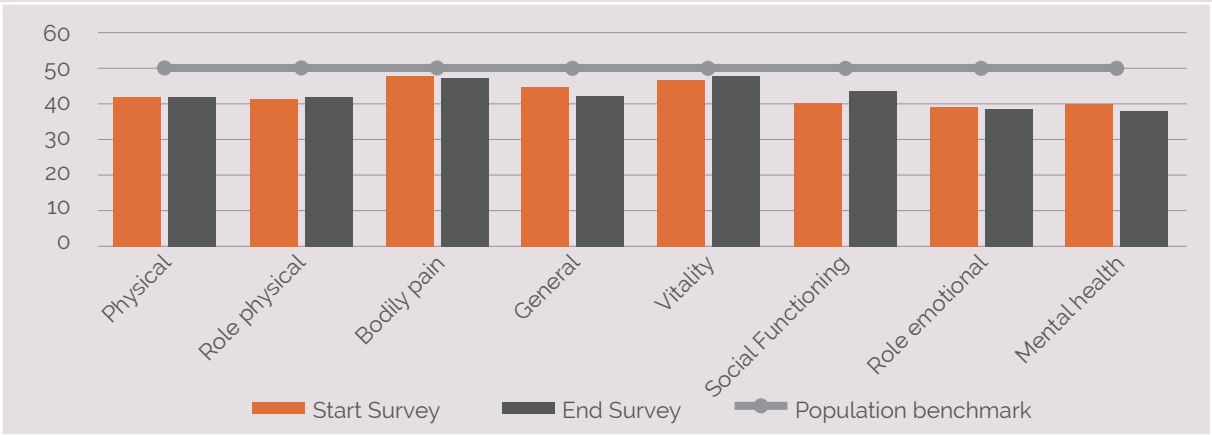
Results

ALL collected 25 pairs of start and end surveys which were able to be matched. Analysis of the SF-8 metric was conducted internally by Adult Learning Lewisham using the SF-8 software. The software tallied learner surveys to produce scores for eight health-related components, as well as producing a summary score both physical and mental health. The higher the score registered, the greater the indication of better quality health.

Results from the start survey show that learners scored consistently lower than the population benchmark across each component, indicating lower levels of both physical and mental health.

An analysis of the change in SF-8 components between the start and end surveys show a mixture of both positive and negative results.

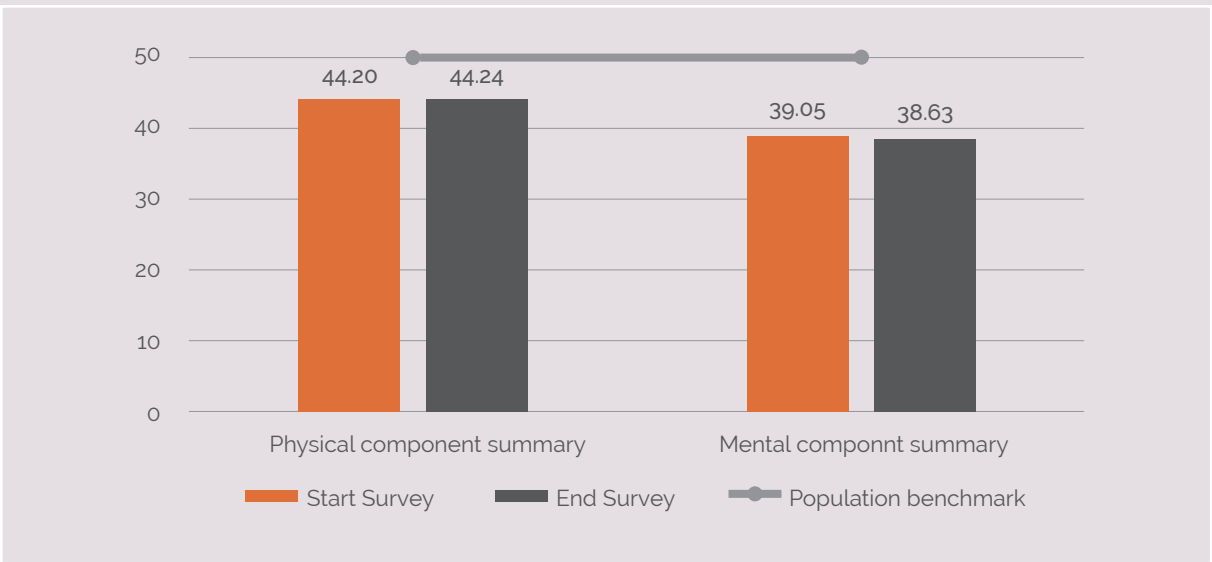
Comparison of SF-8 start and end scores with population comparison, Adult Learning Lewisham



Summary scores which combine physical components and mental components to give summary scores. As with the individual components, summary scores give an indication that learner health is substantially below the population norm. Learners' mental health was

furthest from the norm, whilst physical health was closer. End surveys indicate a mixed picture, with the physical component summary indicating a marginal increase in physical health (0.04), whilst the mental component summary measured a small drop in mental health (0.42).

Comparison of SF-8 start and end summary scores with population comparison, Adult Learning Lewisham



In addition to metric scores displayed, SF-8 also produces report cards with a range of innovative features including benchmarks, cohort analysis and learner assessments. Due to errors with the system, the report cards produced by the programme for Adult Learning Lewisham were not reliable and were not incorporated into the analysis of this metric.

Adult Learning Lewisham were confident that metric outputs could be used to demonstrate the health of learners and changes to stakeholders and found it valuable to be able to benchmark against the population norm. However, staff were unsure of the complexity of the various elements, and what would constitute significant progress or deterioration according to the metric when interpreting results. Adult Learning Lewisham were also conscious of the impact of external factors when measuring physical and mental health, and the impact they may have had on the results, for example the onset of Winter and associated increase in seasonal illnesses and declining physical health and mobility.

Next steps

Overall, ALL were positive about the outcomes achieved through the pilot and planned to continue

developing their approach to testing social metrics within their provision. Because of the limitations identified when using SF-8, ALL aimed to explore alternative health-related tools to test alongside it. To do this, ALL intended to expand their links with Public Health and other stakeholders, such as the local authority services and DWP, to identify relevant metrics which would help them to evidence their impact across stakeholder priority areas. ALL were also partaking in a peer led review to explore options as to how the sector can improve understanding of what type of outcomes are targeted by provision, and how these can be monitored in the future.

Further to trialling new metrics, ALL wanted to refine their data collection approach, for example expanding the sample to include a wider range of courses and learners and taking more time to prepare learners and tutors, to maximise accurate data collection and gather more reliable data. This included further work to explore options to embed metrics within the RARPA process, although ALL were keen to avoid additional requirements and paperwork for learners. ALL were also interested in expanding their dataset and exploring methods to account for external changes, such as the impact of seasonal changes. .

West Midlands Adult and Community Learning Alliance

Background

West Midlands Adult and Community Learning Alliance (WMACLA) is a partnership of seven providers across the West Midlands Combined Authority (WMCA) area, including five local authority Adult Education services, Fircroft College and Joseph Chamberlain College. Collectively, they have been exploring how to develop and standardise appropriate impact measurements across partner organisations against a range of indicators and metrics, so that they are able, both individually and collectively, to evidence the benefits and impact of their provision to WMCA.

WMACLA was interested in the pilot as a means of furthering their goal to test wider impact measurements in a robust and standardised way. In particular, WMACLA is keen to demonstrate the value of provision to funders in the context of devolution. WMACLA had attempted to collect impact evidence previously but struggled with the process. They hoped that they would have more success in implementing an approach as part of a larger pilot.

WMACLA chose to test a social metric which focused on health and wellbeing. After discussion between the partners, they chose to use the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (see Annex A for an example of the metric).

Courses and learners

Each partner aimed to embed the metric with five percent of their learners, in order to provide a representative sample of 1,527 learners across the consortium. It was tested with a wide range of courses, including community learning, ESOL and employability courses.

Current approach

WMACLA currently record health and wellbeing and wider outcomes as part of their RARPA process. They have previously used ILPs, mid-term and end-of-course evaluations to gain feedback from learners. However, this feedback was considered to be quite generic.

Implementation and challenges

Partners used a mixture of the standard WEMWBS and the short version (SWEMWBS). It was agreed that, for the purposes of this pilot, L&W's analysis would include only the questions present on the short version, but that the raw data for the standard version would be fed back to partners for their own use. Both paper versions and online versions of the tool were used by providers.

Recognising the importance of ensuring tutors were well-briefed and committed to the pilot, tutors received a detailed face-to-face briefing from their partner lead. This was followed by supporting paperwork including a "crib sheet" provided by L&W (see Annex A for an example of the crib sheet). Several issues were raised by partners, including:

- Due to time constraints, partners were not able to plan and integrate the tool with their existing systems.
- It was felt by some partners that there was a level of duplication with current measurements.
- There was a lack of buy-in from some tutors, with several feeling that it was being "*done to, rather than done with*" learners.
- Some ESOL learners struggled with the language used in the tool.
- Certain questions were not relevant for cohorts of learners or course types.

Results

L&W received 583 start surveys and 523 end surveys. In total, 393 pairs of completed start and end surveys were able to be matched. The median metric score for the start surveys was 23.21. This is identical to the population median for England measured in the 2011 Health Survey. The median metric score for the end surveys was 24.11, an increase of 0.90. This indicates an overall increase in mental wellbeing over the length of the courses, that, although small, was found to be statistically significant ($p < 0.001$). An analysis of individual learners shows that 56.7 percent (223) experienced an increase in score, with a median increase per learner of 2.81. A further 21.4 percent (84) of learners experienced a decrease in score, with a median decrease per learner of 2.21. Scores remained the same for the final 21.4 percent (84) of learners.

WMACLA were surprised that their start results were the same as the general population norm. However, it was noted that this may be due to most partners not testing the metric with vulnerable learners. They were pleased to see that the overall change was significant, although recognised that it was small. It was noted that there was a high rate of attrition amongst survey respondents.

Next steps

WMACLA intended to use the data produced through the pilot to inform a range of planning groups, including devolution, business development and quality control focused discussions. Whilst WMACLA were positive about the results of the metric and recognised the benefits of using validated tools, there was a demand to source metrics which are adaptable to specific contexts and offer greater flexibility. WMACLA felt that it was important that metrics were suitably related to the learners and provision they were monitoring in order to accurately assess the impact of provision. Whilst WMACLA planned to explore the role of more bespoke methods, a number of the individual providers involved in the pilot aimed to continue using WEMWBS with a wider sample of learners and continue to explore its effectiveness at monitoring health and wellbeing improvements in learners.

Camden Adult Community Learning

Background

Camden Adult Community Learning (CACL) is the adult education service for the London borough of Camden. It delivers non-accredited community learning to over 4,000 learners per year, funded through the Education and Skills Funding Agency.

CACL sought a robust and easy to use method to capture learner outcomes, to evidence the impact of their courses and benchmark against other services. CACL explained that measuring impact was increasingly important in order to secure future funding in the context of devolution and the outcomes-based environment, however this was a particular challenge due to the absence of qualification-based outcomes or employment-related progressions. CACL chose to the pilot the UCL New General Self-Efficacy metric and L&W developed employment metric to measure independence, self-confidence and progression towards employment in the longer term (see Annex A for an example of the metrics).

Courses and learners

CACL provide a range of courses including ESOL, digital skills, family learning and employability classes. All courses are free at the point of access, and specifically target residents facing educational disadvantage and multiple barriers to participation in education and employment. Over 80% of CACL learners have English as an additional language at Level 2 and below, with a particular need for reading and writing skills.

The metrics were tested across twelve of the courses delivered by CACL, including ESOL and family learning classes. All the courses selected were eleven-week courses, featuring two hours of class per week. Due to the wording of the tools, it was decided to not pilot the metrics with learners who were ESOL Entry Level 1 or below.

Current approach

CACL currently use a number of methods, developed in-house, to monitor the impact of provision. This includes an initial set of questions to record learner goals at the start of the course, formalised within the individual learner plan. Upon completion of the courses, all learners are surveyed for feedback through online and paper-based questionnaires. These ask learners to assess how they have progressed against their learner goals, alongside wider outcomes such as feeling more confident or feeling more in touch with people. These methods feature very simple wording and are designed to monitor the general outputs for learners, including a series of non-validated health and wellbeing- measurements.

Implementation and challenges

CACL chose to use paper version of the metrics and streamlined their introduction by combining them alongside existing processes such as setting individual learner plans and the completion of exit surveys, although tutors were given responsibility to decide when exactly to introduce the metrics as not to overburden learners.

To assist with the introduction of the metrics, CACL produced a set of guidance resources and ran development sessions for the tutors who would be involved in introducing the metrics to learners, alongside the offer of ongoing support from managers to assist with the introduction. Staff explained how the development sessions were a valuable opportunity for tutors to prepare for the introduction of the metrics and helped them to further their understanding of their rationale and use so that they were better able to support learners to complete the metrics effectively. Tutors were concerned about the use of the metrics chosen with learners with English as an additional

language, however were unable to make any changes in order to preserve the validity of the metrics.

Learners experienced significant challenges completing the tool upon its introduction. This was mainly due to the limited English proficiency of learners who did not have a full understanding of the questions being asked, some of whom found it too challenging to complete. Staff explained that the limited understanding of learners meant a large amount of lesson time was spent helping learners to comprehend the questions asked, disrupting lesson time and other learners learning experience. Because of the inaccessibility of the metrics used, staff were concerned that the results would not be reliable as learners' scores were unlikely to be an accurate reflection.

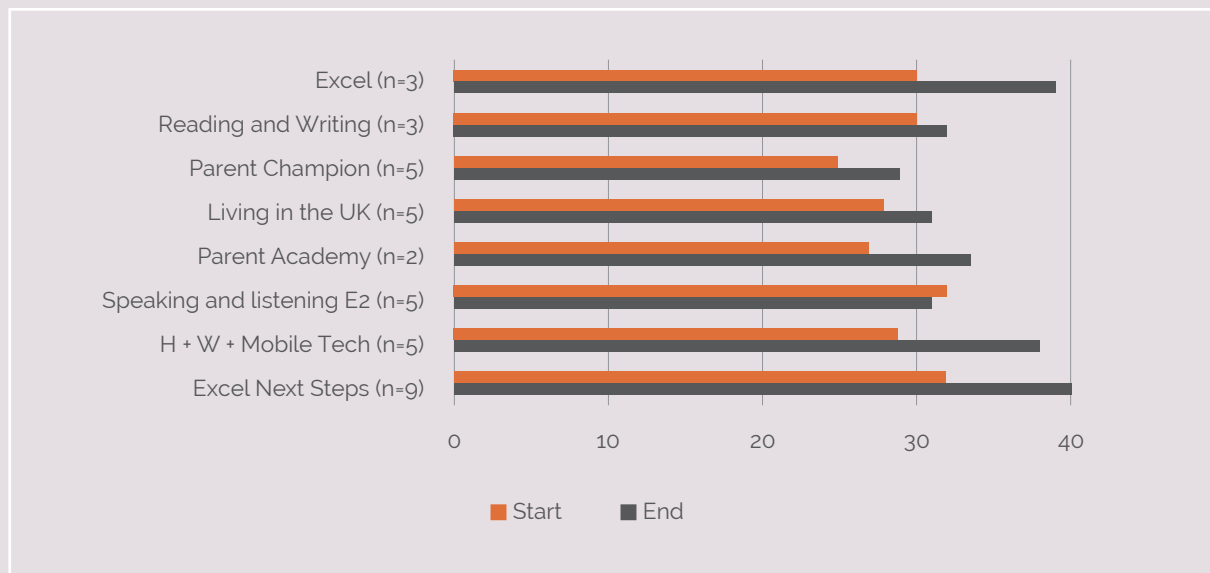
incomplete answers. For each learner a start score and an end score were calculated. The median metric score for the start surveys was 30. The median metric score for the end surveys was 33, an increase of 3. This indicates an overall increase in self-efficacy over the length of the courses, that was found to be statistically significant²¹. An analysis of individual learners shows that 73 percent experienced an increase in score, with a median increase per learner of 6. A further 16 percent of learners experienced a decrease in score, with a median decrease per learner of -2.5. Scores remained the same for the final 11 percent of learners.

Scores were also analysed by course cohort, although it should be noted that sample sizes for most courses are too small for a robust comparison.

New General Self Efficacy Scale Results

In total, 37 pairs of completed start and end surveys were analysed, with a further two excluded due to

Change in GSES Score over the course of learning, by course



²¹ $p < 0.001$

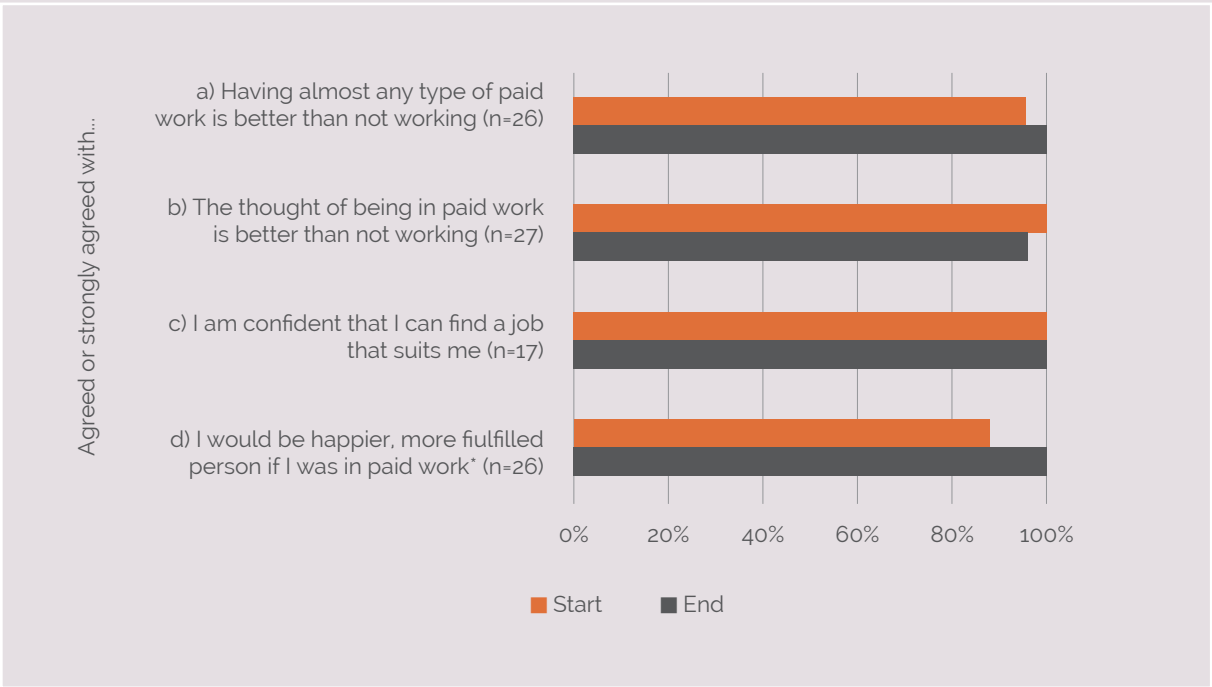
New General Self Efficacy Scale Results

In total 37 pairs of start and end surveys were able to be matched. Answers to each question were converted to numbers on a scale of 1 to 4, whilst 'Not Applicable' and 'Don't Know' were treated as incomplete information for the purpose of the analysis.

Each question was analysed individually. This was done by comparing the change in the breakdown of answers for each question between the start and end survey. As questions were assessed individually, incomplete and partially filled surveys were able to be included in the analysis for questions in which data was available. The

difference between the breakdown of start and end answers of each question set were tested for statistical significance using a Wilcoxin Matched-Pairs Signed-Ranks Test. The change in the percentage of learners saying they agreed or strongly agreed with the respective statements are shown below. A statistically significant difference between the start and end survey is indicated by *. Looking at the differences for each individual question, the survey findings indicate that there was no statistically significant difference to question a, b or c over the course of the learning. There was a statistically significant difference to question d over the course of learning.

Percentage of respondents saying agreed or strongly agreed to:

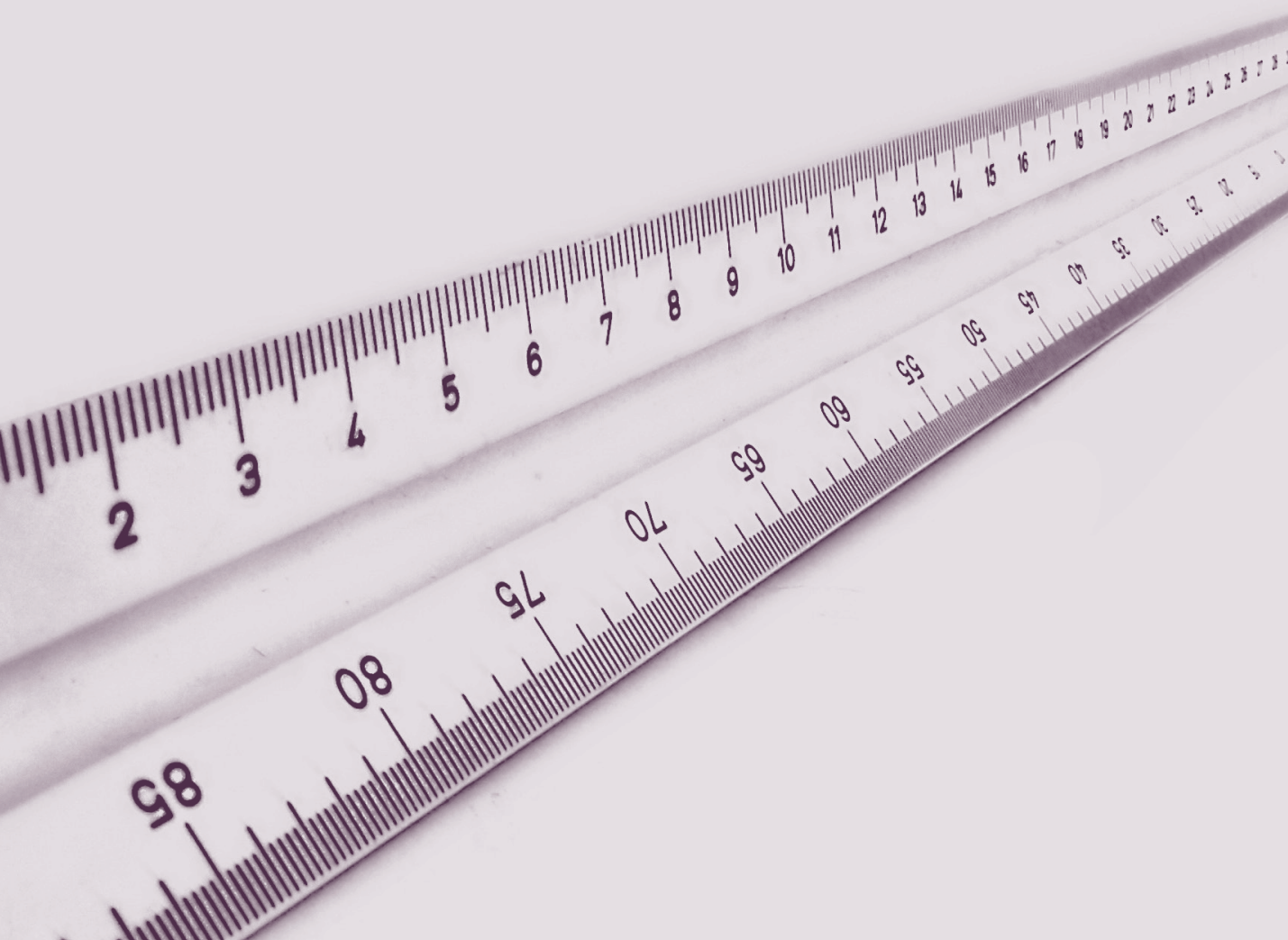


CACL had concerns over the reliability of the data collected through the metrics because of the challenges encountered by learners with limited proficiency in English. As a result of the aforementioned problems, Camden was confident that they would not be able to continue with either of the metrics involved in the pilot, stating that they were not suitable for learner cohorts at or below Entry Level English 2. Despite the concerns over the results, CACL were positive about the general output of the metrics and felt that this would be an effective method to communicate the value of their provision to stakeholders.

Next steps

As mentioned, CACL stated that they would not continue to use either of the metrics due to their unsuitability for learners at or below Entry Level

English 2. Despite this, CACL were still interested in exploring the use of social metrics within their provision and sought to identify metrics and methods which were better suited to learners with limited proficiency in English, for example the development of metrics in easy-read version, simplified wording or metrics in the home language of learners. Overall, CACL were very happy with the process in which they facilitated the introduction of the metric to tutors and felt this reflected good practice in ensuring staff were up to date with the use of the metrics and aimed to adopt similar introduction methods in the future if they were to trial new metrics. However, CACL stated that they would like to increase the number of courses included in a new pilot to expand the data available and explore digital methods of data collection and input in order to simplify the process.



Derbyshire County Council Adult Learning

Background

Derbyshire County Council Adult Learning (DACES) provides adult learning across Derbyshire, excluding the city of Derby. Provision is provided through 12 main adult education centres, which act as learning hubs, engaging with 20,000 learners per year. DACES had previously engaged with L&W's 2017 pilot to test validated tools use and sought the opportunity to expand on their previous learning to better evidence the impact and value of their provision. DACES intended to use the data produced for a range of internal and external purposes including:

- Assess the success and value of courses to support syllabus development
- Inform their annual Self-Assessment Report.
- Evidence outcomes to referral partners such as Public Health, Jobcentre Plus and mental health services, to encourage referrals
- Demonstrate the effectiveness of provision to DACES and other funders to secure future funding

DACES chose to continue with the use of the short-version Warwick Edinburgh Health and Wellbeing Scale (SWEMWBS) to collect and evidence the impact of learning on health and wellbeing (see Annex A for an example of the tool).

Courses and learners

DACES offer a wide range of learning opportunities, including both vocational and community learning. Alongside the skills taught, the courses provided aim to improve learners' self-esteem, confidence and reduce social isolation. Courses are often six weeks in length to encourage engagement and targeted towards vulnerable and disadvantaged groups.

DACES decided to trial to use of SWEMWBS on the newly developed 'Brightside' courses, a range of courses specifically designed for individuals with mental health needs. These were chosen in order to test and evidence the positive impact of provision on learners' mental wellbeing.

Current approach

DACES currently operate a mixed range of evaluative methods to measure and record the outputs of learning. This is largely based within the RARPA process and includes the use of learner logs which encourage learners to provide feedback on what they have learnt, what was effective and additional points at the end of each learning session. DACES also conduct end of course evaluations for all community learning classes, which focusses on soft outcomes achieved, learner feedback and questions around wellbeing and self-esteem.

Implementation and challenges

From the start of the process, DACES were aware of the need to ensure that their tutors were fully engaged with the development of the pilot to build their understanding of the use of the tool and its value and maintain their commitment. Management were keen to avoid the perception of the pilot representing yet more paperwork and explained that the metric would help DACES to better understand the impact of provision on learners, in addition to demonstrating the difference courses were having on learners.

As the pilot was tested on the newly developed Brightside courses, the metric was introduced alongside course-related training for staff at programme meetings. Alongside a detailed introduction to the use of the tool, staff were encouraged to complete a self-assessment of

themselves and given the opportunity to share their thoughts and ask questions about the pilot. Staff explained how the programme meetings helped to facilitate a smooth introduction and built engagement amongst the staff involved, noting that through this process tutors recognised that the length of the full version of WEMWBS may put learners off. As a result, DACES agreed to use the shortened version.

DACES chose to introduce the metric in paper form. Forms were introduced alongside other induction activities but were kept as a separate form to maintain the integrity of the tool. Tutors were initially expected that some learners may not fully understand what the metric was asking for and provided a detailed explanation of its purpose upon introducing the metric. Learners were then supported to complete the tool during a group discussion, which provided to opportunity to further discuss the tool and support learners to understand its use. Whilst learners were still completely responsible for completing the tool themselves, tutors explained that providing a friendly and supportive environment built learners' engagement and avoided them misinterpreting or being confused by the tool. Learning support assistants were available to support individuals who experienced difficulties reading or interpreting them tool.

Some tutors were initially concerned that the questions asked could have been viewed as intrusive, however reported that learners reacted positively to the questions, and the focus on the way they felt. Staff explained that this had been a valuable method to help better their knowledge of their learners and their needs. In practice, staff found that the metric, and its focus on mental wellbeing, was particularly relevant to both their learners and courses.

DACES experienced a small number of 'teething issues' during the introduction process. This included adopting a system to ensure that start and finish surveys were completed separately but could be matched together for analysis. Staff also spoke of the risk of not collecting finish data for learners who were not able to attend the final course.

Results

L&W received 40 start surveys and 38 end surveys. In total, 35 pairs of completed start and end surveys were able to be matched. The mean metric score for the start surveys was 19.7. This is substantially lower than the population mean for England of 23.6 measured in the 2011 Health Survey. The mean metric score for the end survey was 22.65

L&W received 583 start surveys and 523 end surveys. In total, 393 pairs of completed start and end surveys were able to be matched. The median metric score for the start surveys was 23.21. This is identical to the population median for England measured in the 2011 Health Survey. The median metric score for the end surveys was 22.65, an increase of 2.95. This indicates an overall increase in mental wellbeing over the length of the courses, that was found to be statistically significant ($p < 0.001$). An analysis of individual learners shows that 71.4 percent experienced an increase in score, with a mean increase per learner of 4.40. A further 14.3 percent of learners experienced a decrease in score, with a mean decrease per learner of 1.34. Scores remained the same for the final 14.3 percent of learners.

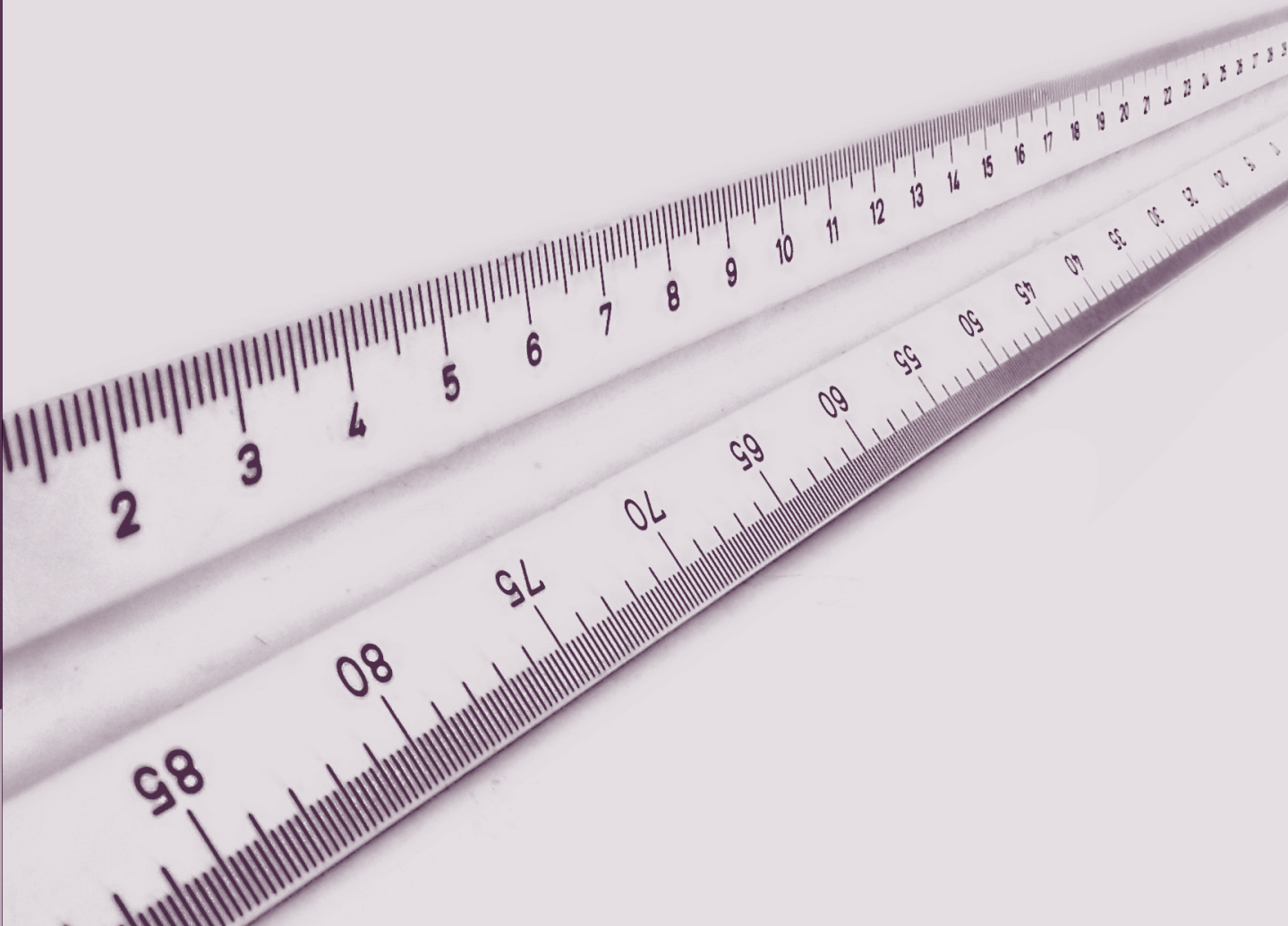
DACES were positive about the results of the metric, describing the output giving a clear, valuable message which supports meaningful discussion about the effectiveness of non-accredited learning. DACES were confident that the results could be used to communicate their impact to stakeholders and partners and support their case for funding allocations. DACES were also positive about the capacity to benchmark their surveys against wider datasets, explaining that this helped to evidence that they were targeting the right type of learners and supporting them to progress. In addition to using the results externally, DACES also stated that they would be able to use the results to inform internal curriculum development.

Next steps

Overall, DACES were happy with the use and outputs of SWEMWBS and considered embedding the metric across a wider range of non-accredited learning were improvements to wellbeing are a

principal outcome. Moving forward DACES stated they would like to take additional steps to refine the implementation process, with better preparation to ensure that the use of the metric was consistent across all sites. This included implementing the metric across a longer time frame to make sure all staff were fully supported to understand the use of the metric. Further, DACES wanted to develop options to avoid learners missing data collection points and minimise the loss of valuable data. DACES also referenced concerns over the short timeframe between start and end measurements, explaining that six weeks was a short time to make a significant difference to people with long-term, complex conditions. As a result, DACES wanted

to explore the possibility of collecting evidence over a longer period of time. The biggest barrier to the expansion of the use of SWEMWBS was the resource and skills requirements necessary to conduct analysis. DACES stated that this is something they are certain they could develop, however concerns over limited resource mean they could only invest the resources necessary if they were confident that stakeholders and the wider sector would respond to the results.



Manchester Adult Education Service

Background

Manchester Adult Education Service (MAES) is a local authority adult education provider for the city of Manchester. MASE works with approximately 9,000 learners per year across eight learning centers, and up to 100 community venues. MAES engaged with the pilot to explore methods to demonstrate the impact that non-accredited learning providers, with the ambition to trial a robust and consistent metric which allows for provision to be benchmarked against other providers. MAES identified the devolution of adult learning provision as a motivating factor due to the need to demonstrate impact to a wider audience to secure funding, including commissioners, governors and council committees. MAES also explained that the data gathered from the pilot could also be used to inform internal assessment and improvement planning. MAES chose to pilot the short version of the Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) and L&W developed employment questionnaire, as they were viewed as effective methods to track the main outcomes delivered by provision; wellbeing benefits and progression towards employment.

Courses and learners

MAES delivers a range of courses, including English, maths, ESOL, ICT, family learning and vocational programmes around care and education. All courses provided include elements of employability support. Provision is typically targeted at residents with qualifications at Level 2 and below, with most learners having low or no qualifications and poor employment experience and courses representing their first step back into learning since leaving permanent education.

A wide range of non-accredited courses was

chosen to pilot both metrics, including care, education, family learning and employability-based courses. The pilot aimed to capture a varied and sizeable volume of data by collecting data across the variety of courses included, whilst restricting courses to those that lasted one full term in order to allow a sufficient amount of time for progression between the first and second data collection points.

Current approach

MAES conduct a substantial amount of internal assessments, including initial learner assessments and end of course evaluations such as learner surveys. By participating in the pilot, MAES hopes to enhance their current data collection and analysis methods.

Implementation and challenges

To facilitate the adoption of the metrics across different sites, curriculum managers introduced the selected tools to their respective tutors, explaining their purpose and use. Tutors were also provided with additional information and resources to further their understanding of the metrics. The short time frame between implementing the pilot and the start of courses meant that some tutors did not have the opportunity to discuss the metrics with management staff, meaning there was a risk some staff had an inconsistent approach.

The tool was administered by tutors in paper format, alongside an information sheet detailing the purpose of the tool. Tutors were given responsibility for the introduction and were able to adapt the process according to the needs of their learners. This included adding to the information resources if necessary and having overall discretion over which metrics to use with their learners. The introduction and completion of the tool was incorporated alongside learning activities and related to the

purpose of the course, rather than being used a standalone hand out. Staff explained that this helped to promote engagement with the process, making it appear less daunting. Tutors reported that the reaction to the tool was largely positive, with learners happy to independently complete the tool with minimal disruption. Tutors also explained that the methods used posted additional benefits to learners, giving them further insight into the possible outcomes of learning and helping them to think about how they were progressing. This was a useful means of encouraging learners to reflect on their progress and perception of the provision, supporting tutors and learners' completion of ILPs.

Short Warwick-Edinburgh Mental Wellbeing score results

L&W received 166 start surveys and 150 end surveys. In total, 130 pairs of completed start and end surveys were able to be matched. The remaining surveys were either incomplete, incorrectly completed or had missing or unmatchable I.D. numbers. The median metric score for the start surveys was 25.03. This is higher than the SWEMBS population median for England measured in the 2011 Health Survey. The standard deviation was 5.03; higher than the population

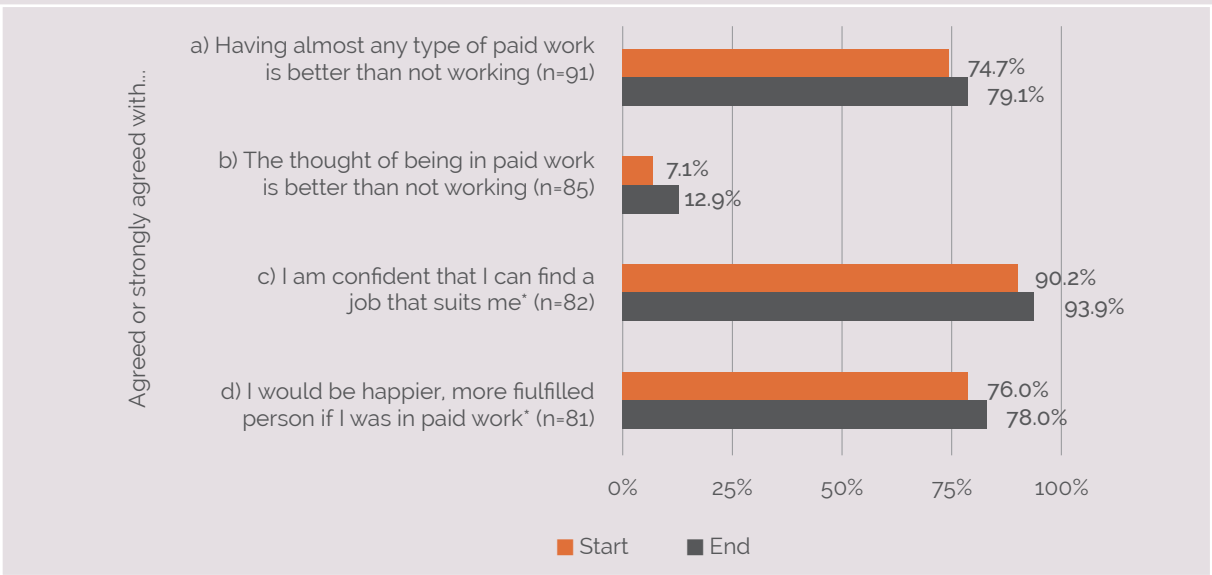
standard deviation of 3.9, indicating a higher level of variance. The median metric score for the end surveys was 28.13, an increase of 3.10. This indicates an overall increase in mental wellbeing over the length of the courses, that was found to be statistically significant ($p<0.001$). An analysis of individual learners shows that 65.4 percent experienced an increase in score, with a median increase per learner of 4.30. A further 10.0 percent of learners experienced a decrease in score, with a median decrease per learner of 3.10. Scores remained the same for the final 24.6 percent of learners.

Employment-related questions score results

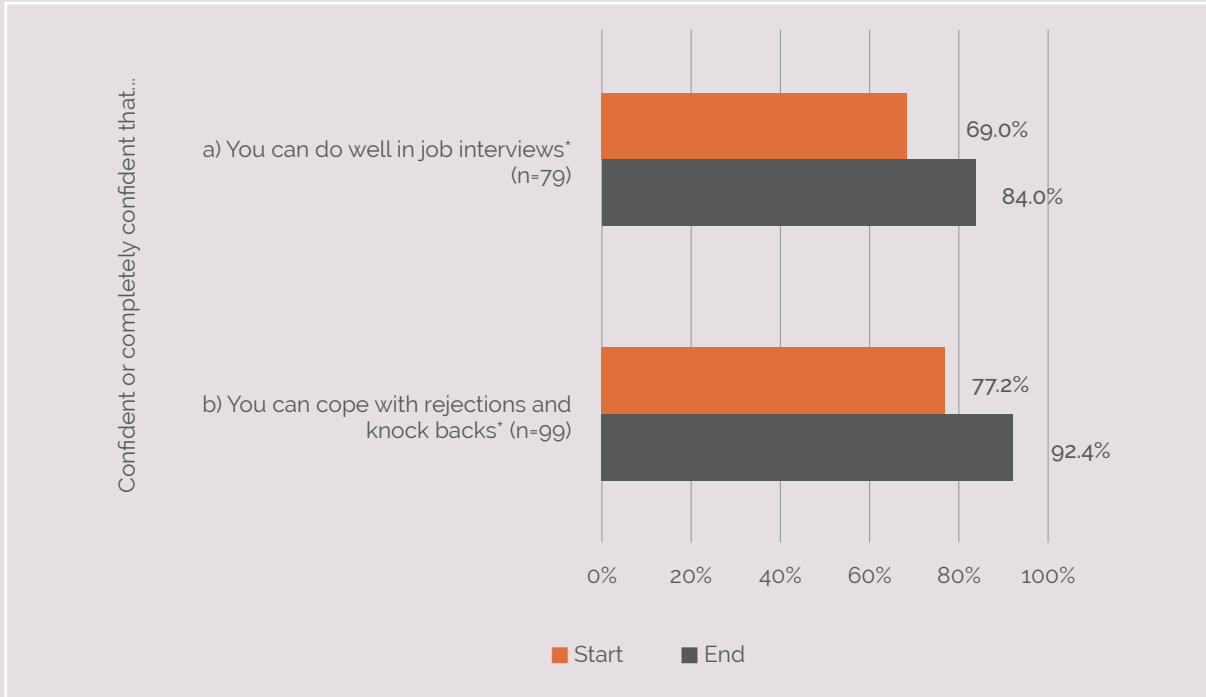
L&W received 125 start surveys and 115 end surveys. In total, 115 pairs of start and end surveys were able to be matched. The remaining surveys were unable to be matched due to incomplete pairs.

The change in the percentage of learners saying they agreed or strongly agreed, or were confident or completely confident, with the respective statements are shown below. A statistically significant difference between the start and end survey is indicated by *.

Percentage of learners who said they agreed or strongly agreed with:



Percentage of learners who said they were confident or completely confident that:



MAES described the value in being able to demonstrate a positive difference for learners across both tools, explaining that the result outputs were clear methods of demonstrating progress to stakeholders and the wider sector, whilst cohort analysis of course types and areas would help to inform internal development. Further, MAES were positive about the ability to test the difference for statistical significance. MAES were surprised that the average start score was higher than the population benchmark. It was thought that this may be due to most learners having already participated in foundation classes, and therefore had already experienced improvements in drive and wellbeing associated with learner. MAES were less confident about the results for the employment metric, explaining that learners found it harder to relate to the set of questions.

Next steps

MAES recognised the potential of using metrics to collect information that can be fed back to stakeholders as well as informing internal development. As a result, MAES aimed to further explore the use of social metrics in the future, including identifying additional metrics which are best suited to measuring the disadvantage faced by learners and whose output matches the focus of stakeholders and partners. This included involving stakeholders in the process to identify what metrics would suit them and what they would respond to. In addition to exploring additional metrics, MAES explained that they would utilise the time prior to implementation to make sure that all learners were able to participate in face to face briefings to ensure they had a full understanding of the metrics and how to implement in effectively.

MAES also spoke of the value of integrating future metrics within the RARPA process and embedding metrics with related activities such as confidence and employability-enrichment activities in order to build engagement with learning with a focus on the targeted outcomes. MAES explained that future trails would test learners from their very beginning of their learning journey to evidence their starting level of need, and chart full progress made. The possibility of staging questions and data collection points at different points in the learning cycle as not to overburden learners and maximise data return was also discussed.

In addition to refining the process, MAES hoped to build on evidence to collect more data to benchmark against previous results and national datasets. MAES were confident that they had the capacity to develop the skills necessary to lead on analysis but asserted that they would like evidence that the sector and stakeholders would respond to this prior to moving forward.

Southend Adult Community College

Background

Southend Adult Community College (SACC) is a local authority adult learning service, with approximately 3,000 learners on part-time, non-accredited community learning courses. Their community learning provision includes arts, languages and history; they also carry out engagement work with deprived communities.

The college has anecdotal evidence of the impact of community learning on social outcomes and is interested in the use of social metrics to provide quantifiable evidence to support this. The college hopes to use it to help access funding for community learning, particularly local regeneration and development funding. It also sees social metrics as a way of engaging tutors in a wider understanding of the impact of their role, and to influence a range of partners such as the local council and Ofsted. They chose to test a social capital metric as it reflects the key strategic aims of their community learning provision and is an issue that they have identified as important for their learners. L&W assigned the social capital metric to Southend (see Annex A for an example of the tool).

Course and learners

Southend chose to test the social capital metric within their arts and humanities provision, which averages 480 learners in the Autumn term. The tool was completed by learners in three ceramics and one sewing course; Southend had intended to test in a wider range of courses but decided against it due to an Ofsted inspection. These courses were selected for two reasons:

- They would provide a mix of learners, with one bridging course for learners with physical and/or learning difficulties or disabilities and the remainder fee paying

- One of the tutors had previously been involved in delivering a Community Learning Mental Health Research pilot.

Current approach

Southend currently use a mixture of in-house surveys, case studies, learner choice and MHP Ipsos Mori. They also collect data on social impacts as part of their end of course evaluation. Over the previous two years staff have also embedded and administered data collection as part of the Community Learning Mental Health Pilots.

Implementation and challenges

Southend did not have oversight over which social capital metric to use but were able to slightly alter the wording of one question (with L&W's agreement) to make it more relevant to their cohort. Tutor buy-in was gained by having a conversation with the pilot lead at the time of submitting their expression of interest. Southend used a paper version of the tool, which was introduced during week three of the courses as it had not been ready at induction. Tutors explained the project to learners and stressed the anonymity of the tool, and that it would not be intrusive or onerous. Learners were asked to complete it at any point during the lesson, rather than just at the start.

Several issues arose during completion. One main issue was form fatigue; learners had been asked to complete a lot of paperwork, including (for one course) a college survey in the same lesson. Some learners did not consider the questions appropriate, particularly those working in professional occupations. Some of the questions were also considered to be too long; these questions were more likely to have been left incomplete.

Results

L&W received 15 matched start and end surveys. Out of these, eight had not been fully completed and so were removed from the analysis. The mean social capital score at the start of the course was 3.2. This is lower than the theoretical mid-point of the scale of 3.5. At the end of the course the mean score had risen to 3.7, indicating an increase in social capital over the length of the course.

The difference between the mean start and end scores was 0.5. This difference was not statistically significant ($p = 0.141$). However, this is unsurprising given the small sample size. An analysis of individual learners shows that scores increased over the length of the course for four out of the seven, with a mean change of 1.2. The score decreased for two learners, with a mean change of -0.35. For the final learner there was no change in score.

Southend were pleased to see an increase in the mean score over the length of the course and understood that the lack of significance was likely due to the small sample size. They were interested to see that scores had decreased for two learners.

Next steps

The next steps for SACC were still under consideration. If SACC chose to continue to expand their use of social metrics, they planned to optimise their collection methods to make the process more efficient. This included identifying simpler metrics and the use of digital techniques to ease the process and support learners to participate. SACC planned to share the results of the pilot with wider partners and stakeholders, including a local provider who were also testing out the use of different metrics.

Westminster Adult Education Service

Background

Westminster Adult Education Service (WAES) is one of the largest local authority adult education providers in the UK. WAES is interested in the use of social metrics to evidence and evaluate the work that they do, particularly at lower levels. Currently WAES have anecdotal evidence that their provision has a positive social impact on learners who are hardest to reach and furthest from the job market and would like to quantify this with a widely accepted and validated tool.

WAES chose to pilot the PSCS-8 metric, as they consider social capital to be integral to how adults engage, access, participate and progress in adult community learning (see Annex A for an example of the tool). They also consider social outcomes to be particularly important for funding purposes and note that they strongly feature in the Common Inspection Framework. WAES are also keen to compare results against regional and national data.

WAES consider there to be some overlap between the metric and questions that they include in their end of course evaluation, but that it goes beyond this and RARPA in that it seeks to quantify impact. They were also positive about the use of a pre- and post-measure approach.

Courses and learners

WAES piloted the metric within their ESOL courses. These were chosen as they were considered to provide a good opportunity, richness and diversity. WAES purposefully selected courses which had learners who had sufficient proficiency in English to participate. The three types of courses selected were:

- Upper intermediate level 1 reading & writing
- Upper intermediate level 1 speaking & listening

- Advanced level 2 reading & writing (3 classes)
- WAES aimed for a target of 20 learners per class.

Current approach

WAES currently use a mixture of in-house evaluations and surveys, Ofsted surveys and RARPA. They collect both quantitative and qualitative data, which is used to market courses, report to stakeholders and secure funding.

Implementation and challenges

WAES used a mixture of paper and online versions of the tool (see below for paper version). The tool was introduced as a separate survey (rather than embedded in existing data collection); some tutors incorporated it into their lessons. The initial survey was completed at the start of each course. However, the second survey was completed at the mid-point of each course, since they were due to run into the new year.

The pilot lead initially approached tutors via email in order to explain the project, and then had initial conversations to explain what was required and to gain buy-in. Tutors were given a timeline in which to collect the data.

No particular challenges were identified. One issue was raised to do with the wording of a question, but this was altered with L&W's agreement. Tutors were on-board with the pilot and understood its value.

Results

L&W received 65 start surveys and 52 end surveys. In total, 31 completed start and end surveys were able to be matched.

The mean social metric score for all learners at the start of their course was 2.6. This is lower than the theoretical mid-point of the scale of 3.5. There was no overall change in score over the length of the

course, with the mean score at the end also 2.6. This indicates no overall change in social capital over the length of the course. An analysis of individual learners shows that scores increased over the length of the course for 11 out of the 31 learners, with a mean change of 0.4. A further 16 learners decreased their score over the course, with no change for the remaining four learners.

In total, 12 learners participated in Level 1 courses and 19 in Level 2 courses. For Level 1 learners,

the mean score at the start of the course was 2.5. This increased over the length of the course to 2.6, indicating a very slight overall increase in social capital. The opposite was found for Level 2 learners, with a decrease from a score of 2.7 at the start of the course to one of 2.6 at the end of the course, indicating a slight decrease in social capital. However, neither of these changes were statistically significant ($p = 0.397$ and $p = 0.052$).

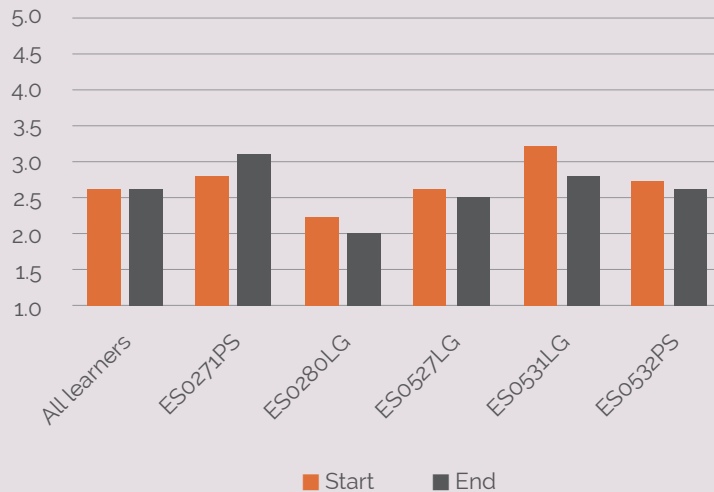
Comparison of PSCS-8 start and end summary scores with course level comparison, Westminster Adult Education Service



The following number of pre- and post-surveys could be matched for each class: ES0271PS = 7, ES0280LG = 5, ES0527LG = 8, ES0531LG = 2, ES0532PS = 9. There was a small increase in social capital score over the length of the course for

learners in ES0271PS, and a small decrease in score for learners in the other four classes. However, none of these changes were statistically significant. Mean scores for each class are shown in the following chart:

Comparison of PSCS-8 start and end summary scores with course type comparison, Westminster Adult Education Service



WAES were disappointed that the overall results did not show any change but noted that the limitations of testing the metric on a small sample size. It was also noted that the second survey was conducted during the mid-point of each course, rather than at the end, which may have limited the impact measured by the metric. In addition, the timing of the second survey may have impacted on responses as, at that stage of their course, learners (especially those at level 2) may have been feeling the full impact of committing to learning at a higher level, with homework, stretching targets and exams on the horizon. Overall, WAES positive about the format of the analysis and output, particularly the ability to compare pre and post-learning measures.

Next steps

WAES planned to expand the use of the metric with a wider range of learners within their non-accredited community learning provision. WAES also hoped to pilot other metrics to test and record progress across different areas. In addition to expanding the pilot, WAES aimed to explore how metric questions could be incorporated with the wider RARPA and end-of-course evaluation processes.

Hackney Learning Trust

Background

Hackney Learning Trust (HLT) is responsible for the London Borough of Hackney's children's centres, schools, early years education and adult learning. One of its key priorities is improving the financial capability of adult learners. HLT is a member of Hackney Financial Inclusion Steering Group which aids the co-ordination of initiatives to support residents experiencing financial difficulties. In line with this priority, HLT has a strong commitment to measuring the impact of its provision on financial capability. They therefore chose to test the L&W developed Financial Capability metric (see Annex A for an example of the tool).

HLT was interested in participating in the pilot to enhance its ability to assess the impact of their provision and to contribute to an evidence base on the impact of embedding financial capability in adult learning. HLT would like to use the data to influence future funders (such as the Greater London Authority), local service providers (such as housing providers and employers), to feedback to learners and tutors to improve the quality of provision and to support the development of a longitudinal approach to evaluation.

Course and learners

HLT teaches financial capability in unaccredited Money Management courses and embedded in accredited Functional Skills maths courses. These are targeted at particular groups of learners (such as those at risk of social exclusion), are free to attend and are run in local children's centres and community centres.

HLT chose to pilot the metric with three types of course:

- Money management
- Functional Skills maths – Entry Level
- Functional Skills maths – Level 1

The Entry Level maths course was run with three classes, making a total of five classes overall. A total of 24 learners were targeted, all of whom have learning difficulties or disabilities.

Current approach

HLT currently measures the impact of provision through a quality assurance process. Managers collect feedback from learners, tutors and providers, and use information from teaching observations. Tutors and learners also collect evidence against financial capability targets assigned to learners in their individual learning plans.

Data is included in HLT's annual Self-Assessment Report (SAR), which is shared with providers, ESFA, the local authority, Ofsted and specialist referral agencies.

Implementation and challenges

HLT chose to use a paper version of the Financial Capability metric. The pilot lead had a one-hour meeting with tutors before the start of the pilot to discuss how to carry it out. The consensus was that the tool should be the topic of a 15 to 30-minute class session. It was felt that making it a class activity, rather than simply handing it out, would help learners to understand and think about their answers.

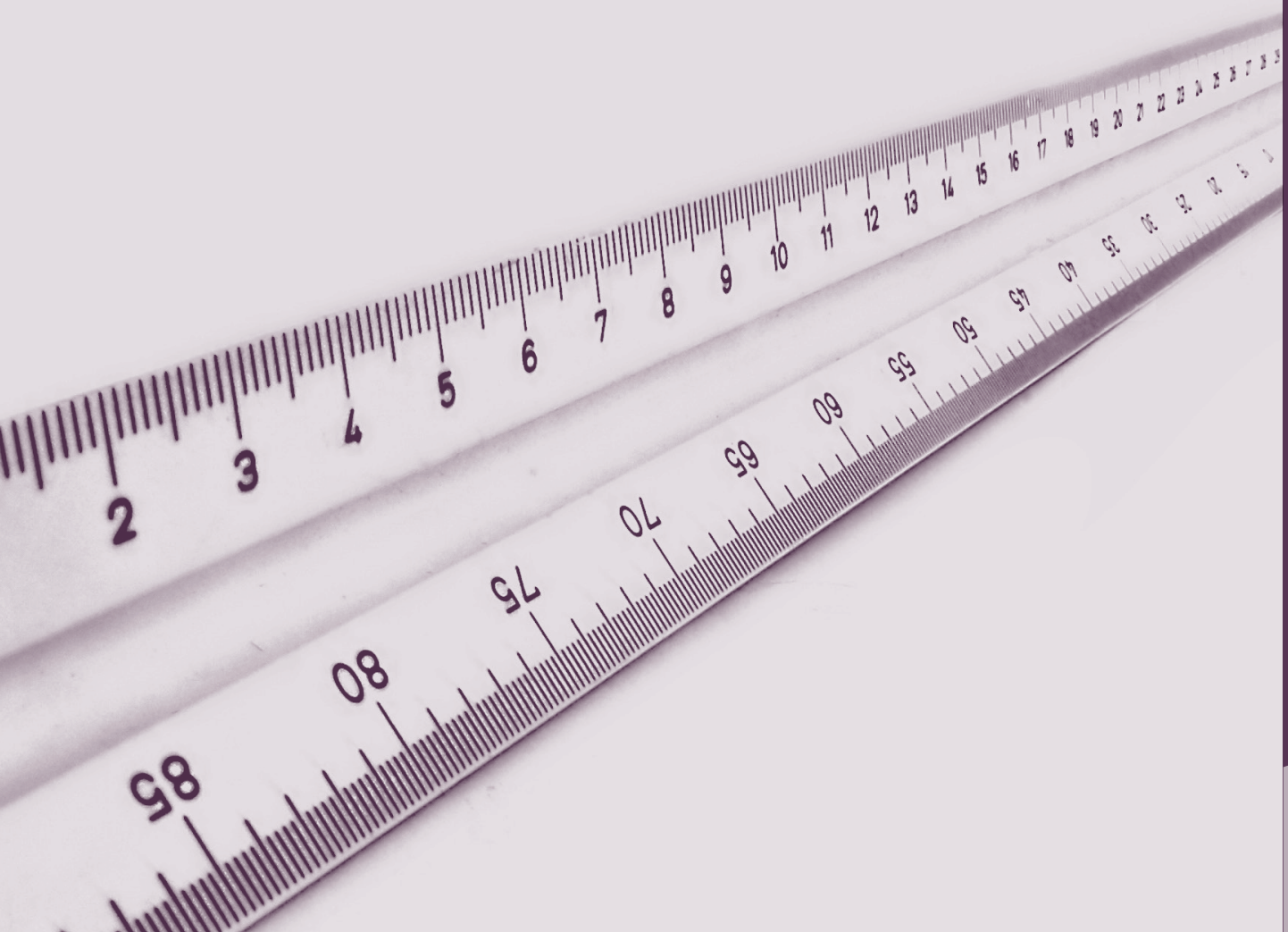
Tutors felt that the tool was relatable and was relevant to their lessons. For example, in a maths class the questions could be fitted into a maths context. It was also noted that individual questions could give useful information, in addition to the scale as a whole.

No particular challenges were reported; tutors were happy with the metric and method. The main issue reported was a concern that learners had overstated their financial capability in the start survey, meaning the metric may inaccurately

portray a more positive situation. Tutors also felt that some of the questions used could include additional explanation to ensure that learners had a consistent interpretation of the questions asked.

Result and next steps

Unfortunately, due to unforeseen circumstances, HLT was unable to continue with the pilot. This meant that data analysis and evaluation of the pilot implementation could not be undertaken.



Leeds City Council Adult Learning

Background

Leeds City Council Adult Learning (LCCAL) work with approximately 7,000 adult community learners per year. It directly delivers family English, maths and language (FEML) provision, with the remainder of their community learning contracted out to external providers.

The service had a range of motivations for participating in the pilot. Family learning is a key part of their offer, but its impact is not easily quantifiable. Leeds had previously begun testing approaches for recording and measuring social impact data across their provision, and so were keen to identify what tools were available and to learn about successful approaches used by other providers. By collecting data to demonstrate social outcomes, Leeds hoped to influence local commissioning organisations, particularly in relation to devolved budgets, and to strengthen their quality assurance as part of a drive to move from a 'good' to an 'outstanding' Ofsted rating. They were also keen to share and benchmark with providers nationally.

Leeds piloted the Duke Social Support Index metric (see Annex A for an example of the metric).

Courses and learners

Leeds piloted the metric with their Family English, Maths and Language (FEML) provision. This provision is delivered in children's centres and primary schools, with a focus on teaching parents how to support their children with English and maths outside of the classroom. Learners are targeted because of low prior attainment and other social challenges; some also have ESOL needs.

They had originally intended to include all 23 of their directly-delivered courses (up to 138 learners) but collected a total of 27 surveys across seven courses. All courses lasted between six and 12 weeks.

Current approach

Leeds currently use a mixture of RARPA, a learner satisfaction survey, focus groups and case studies. Their standard learner survey collects information about changes in confidence, health and wellbeing. They also collect feedback at the end of each course to ask learners about next steps and what they did and didn't like about the course. Leeds also collect destination data from a sample of 800 learners across their provision, in which they collect data about wider social impacts.

Implementation and challenges

Leeds did not have a choice of which tool they would use to measure the Family Relationships metric. They held a tutor forum in August to explain the pilot to tutors, who were positive to begin with and keen to test new strategies to collect evidence on the impact of their provision.

Leeds chose to use a paper version of the tool, which would be inputted into an online system. The tool was introduced to learners at the start of the induction process; tutors explained the aims of the project and what the tool was intended to measure. Course tutors experienced substantial problems with the implementation of the metric including:

- Provider leads had initial doubts that the metric would not meet expectations, and it would not be possible to attribute impact measured to the courses. For example, there were concerns about learners' capacity to complete the metric effectively. The provider was also concerned about the influence of external factors on the metric results. LCCAL planned to edit the questions used and had workshopped solutions to minimise these risks, however this was not allowed, and they were unable to make the planned changes.

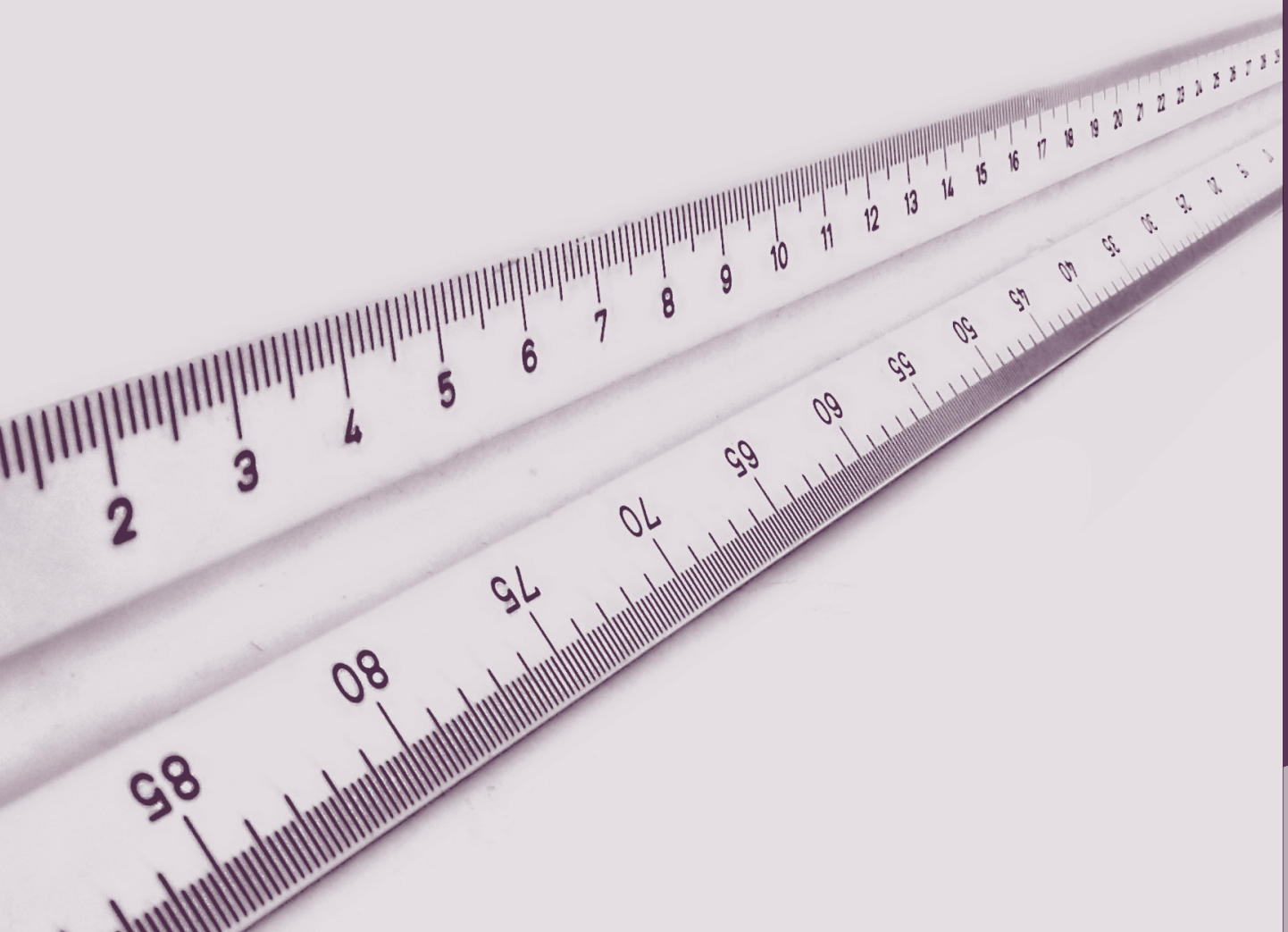
- Due to the limited timeframe between identifying a metric and implementing it with learners, LCCAL were unable to host a full introduction with tutors. This was thought to have damaged tutor buy-in from an early stage.
- LCCAL experienced operational challenges through the implementation of the metric. For example, lead staff were not initially clear that they would have to collect start and end-point data for the metric.
- The metric terminology was considered inappropriate for learners with limited proficiency in English. Tutors reported that participation with the metric had caused misunderstandings and apprehension amongst some learners who failed to understand the questions asked.

- Staff found it a challenging task to ask learners to answer such personal questions at the start of the course, prior to building rapport with their classes.

In relation to the challenges experienced, LCCAL considered the metric unsuitable for their learners and withdrew from the pilot.

Next steps

Since withdrawing from the pilot, LCCAL trialed the implementation of two social impact questions across their provision. LCCAL next planned to introduce two further questions focused on progression and community involvement, to measure progress across all learners.



Learningshire Community Learning Services²²

Background

Learningshire Community Learning Services (LCLS) is the largest provider of community learning-funded family learning services in Learningshire. They work with a range of local authority services to support disadvantaged families across a large, mainly rural county. LCLS is interested in the use of social metrics to provide a quantifiable demonstration of the impact of their provision in supporting council priorities, and to help influence a range of stakeholders and partners such as the Education and Skills Funding Agency (ESFA), Ofsted, Learningshire County and District Councils, the Local Enterprise Partnership (LEP), commissioners, partners and employers. LCLS chose to pilot the Duke Social Support Index metric (see Annex A for an example of the tool).

Courses and learners

LCLS piloted the metric with their Family Learning provision, for which they had a target of 1,800 adult learners in 2017/18. They chose to pilot the metric with three types of course, each of which was run separately in an urban and in a rural location (a total of six courses overall). The three types of course were:

- Keeping up with the children – English
- Keeping up with the children – Maths
- Family Arts

Each course was aimed at families from disadvantaged communities. LCLS aimed for a minimum overall sample of 20 learners.

Current approach

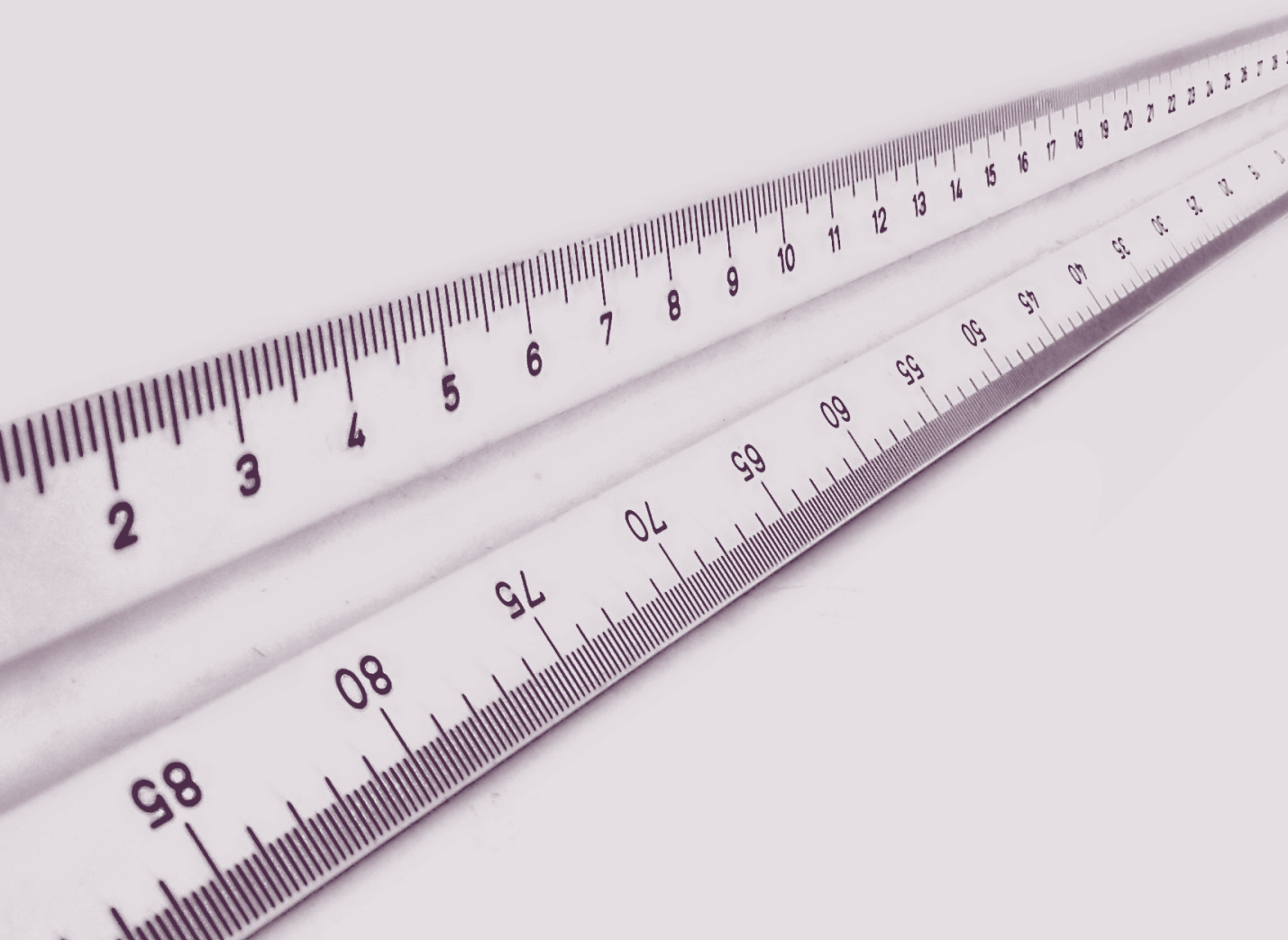
LCLS currently use a mixture of traditional approaches to assess impact. These include RARPA, learner satisfaction surveys, learner retention, learner achievement and observations of teaching. Data is collected in-house, either by paper-based tools, digital tools or via data collected on their management information system. LCLS also use ProAchieve and Curriculum Observer software, and some external surveys.

Implementation and challenges

LCLS chose to use a printed version of the Family Relationships metric, with half a page of explanatory text (see Annex A for example of the tool). Course tutors experienced substantial problems with the implementation of the tool. Feedback included:

- Concerns over the complexity of the language and its suitability for learners with lower level English skills
- Concerns over the layout of the tool and that it resembles a Government form; this put off a number of learners
- Concerns over the suitability of the questions for refugees and other vulnerable learners i.e. that they may cause distress
- Questions over the usefulness of the questions and how they relate to the courses.

As a result of the problems experienced, LCLS withdrew from the pilot.






4th floor, Arnhem House,
31 Waterloo Way, Leicester LE1 6LP

T: +44 (0)116 204 4200

E: enquiries@learningandwork.org.uk

W: www.learningandwork.org.uk

 @LearnWorkUK