

SUPPORTED BY  
**MAYOR OF LONDON**

**L&W** LEARNING AND  
WORK INSTITUTE



## **Learning the way to improve mental health and wellbeing**

A guide for social prescribers and adult educators

# Table of Contents

Introduction	<b>3</b>
Summary – developing social prescribing to adult education opportunities	<b>4</b>
<b>1.</b> What is social prescribing?	<b>5</b>
<b>2.</b> Why is it important now?	<b>6</b>
<b>3.</b> Empowering health and wellbeing	<b>7</b>
<b>4.</b> How does adult education improve health and wellbeing?	<b>8</b>
<b>5.</b> Positive outcomes from social prescribing to adult learning	<b>9</b>
<b>6.</b> Loneliness – a threat to health and wellbeing	<b>10</b>
<b>7.</b> Social prescribing – how does it work?	<b>11</b>
<b>8.</b> Adult Education – what does it offer?	<b>13</b>
<b>9.</b> A systems approach to building partnerships	<b>20</b>
<b>10.</b> Data sharing and monitoring outcomes	<b>25</b>
Glossary of terms used across social prescribing and adult education	<b>30</b>

# Introduction

This guide aims to bring health and social care services and adult education providers closer together and is both for managers and practitioners who provide social prescribing and who provide adult education. The aim of the guide is to:

- Raise awareness across social prescribing and adult education of how these services work and what benefits they can offer to Londoners
- Showcase existing innovative and effective practice that can be replicated or adapted
- Offer tips and strategies for developing practice and provision that will enhance the mental health and wellbeing of Londoners
- Promote partnership working at strategic and operational level to create and develop sustainable services

We hope this guide will support the development of partnerships and the growth and sustainability of social prescribing to adult education opportunities for Londoners.

## Approach and terminology

This guide is a result of research commissioned by the Greater London Authority (GLA) and carried out by Learning and Work Institute (L&W) to explore how Londoners are referred to adult education opportunities to improve their mental health and wellbeing. The examples and case studies used in this guide are taken from interviews undertaken during the research.

The research highlighted that this area of work has many different organisations and agencies involved. Lots of different organisations undertake social prescribing and staff who work in those organisations have different job titles. Adult education can be delivered by different organisations in many different settings. Social prescribing organisations and adult education organisations use different words to describe the people they work with.

For ease, throughout the guide we have used the following terminology, unless another word is used in a quote.

**Link worker** – a person who takes a referral and helps an individual connect to another service. Also known as a navigator, community connector or even an occupational therapist in secondary mental health services.

**Adult educator** – a person who works in an educational, voluntary or community setting who delivers learning opportunities, whether they are formal or non-formal.

**Client** – a person who is accessing a service that supports their social prescribing to adult education journey. This may be a patient, learner or service user.

## Summary - developing social prescribing to adult education opportunities

These ten top tips are the key things we learnt from the research. Each of the points are covered in more detail in this guide.

1

### **Start now**

This is a key time to develop and grow social prescribing to adult education.

2

**Learning is positive for health and wellbeing** because it builds the three personal assets. We all need to flourish – identity capital, social capital and human capital.

3

**Social prescribing** to adult education empowers clients to be independent and self-actualising.

4

**Severe loneliness** is a threat to the health and wellbeing of many Londoners which can be addressed through social prescribing to adult education.

5

**Social prescribing services** and adult educators need to get to know each others services and the challenges as well as the possibilities.

6

**Adult educators** need a named person with capacity and skills to lead the development of social prescribing activity and to work in partnership with social prescribers and clients.

7

**Building strong partnerships** takes time and a pro-active systems approach based on shared values and shared understanding.

8

**Strong partnerships** lead to the co-creation of processes, activities and opportunities to ensure that support and services will meet client needs.

9

**Develop, support and enable** client-led activities such as volunteering, buddying and social groups.

10

**Data-sharing and outcomes** monitoring should be built into partnership working to ensure effective referral and responsive support and services.

## What is social prescribing?

Social prescription is about “prescribing” or linking people to activities and services outside of health services that help to improve their health and wellbeing. This is usually done by a social prescribing link worker. This might include:

- Help to sort out housing or money problems
- Linking individuals up to activities such as volunteering, sports and exercise, arts activities and gardening
- Support for bereavement or referral to mental health services
- Helping people access learning opportunities
- Connecting people up to help to get a job

We hope this guide will support the development of partnerships and the growth and sustainability of social prescribing to adult education opportunities for Londoners.



### **The National Academy of Social Prescribing (NASP) Induction guide for social prescribing link workers explain the role of the link worker:**

*'As a social prescribing link worker you can help people to identify what matters to them, and work out how to connect with the activities that might make a difference. This is social prescribing. Making connections. Giving people a sense of belonging that comes from being part of a community group.*

*Helping them to find a new sense of purpose, enjoying activities they might not otherwise have tried before. Helping them to stay physically and mentally well for longer and manage the long-term conditions they might be living with. It's good for people. It's good for communities. And it's good for the GPs you'll be working with, because it gives them a non-medical referral option that can work alongside existing treatments. For social prescribing to work well, link workers need to see themselves as part of a wider community, building on what's already there in local communities and working in partnership with other agencies.'*

## Why is this important now?

### Key policy changes

This is a time of growth and development of social prescribing with much to learn and gain. Building strong partnership working across health and social care, voluntary sector and adult education will be key to building the capacity and effectiveness of social prescribing by extending the range and type of support available to people using the service.

<b>2018</b>	The Mayor of London made the growth of social prescribing one of the five key ambitions in the London Health Inequalities Strategy.
<b>2019</b>	<p>The Mayor's new powers over the Adult Education Budget (AEB) provide an opportunity to establish better links with social prescribing in ensuring Londoners can develop the skills they need, build confidence and move forward in their lives, particularly through the provision of Adult and Community Learning.</p> <p>The <a href="#">Skills Roadmap</a> for London sets out the Mayor's plans to build a skills and education system to create a more accessible, impactful and locally relevant system for Londoners, including how skills can support the mental health and wellbeing of Londoners disproportionately affected by the pandemic. The Skills Roadmap for London is published in 2022.</p>
<b>2019</b>	The NHS Long-Term Plan incorporates social prescribing into its comprehensive model of personalised care.
<b>2020</b>	The global COVID-19 pandemic struck resulting in loss and trauma for many Londoners. COVID-19 highlighted and exacerbated existing inequalities, with devastating impact on the very communities that the Health Inequalities Strategy and the Mayor's vision for adult education in London seek to support. The Centre for Mental Health predicts that up to 10 million people in England (almost 20% of the population) will need new or additional mental health support as a direct result of the pandemic. <sup>2</sup> This mental health burden will fall heaviest on those groups already disadvantaged and marginalised within skills and employment.
<b>2021</b>	Reconceptualising Loneliness in London, a report published by the GLA Social Integration Unit, shows that one in twelve Londoners experience severe loneliness, which is a threat to health and wellbeing and economic opportunity.
<b>2023/24</b>	<a href="#">The NHS Long-term plan</a> sets a target that by 2023/24 every GP practice in England will have access to a social prescribing link worker. In 2019, funding was made available to support the infrastructure of social prescribing, with the establishment of the National Academy of Social Prescribing (NASP). The NASP aims to raise the profile of social prescribing, build an evidence base and share effective practice. The NASP is an invaluable resource for social prescribers.

## Empowering health and wellbeing

The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'.<sup>3</sup> Health and wellbeing are about our bodies, our minds, our feelings about ourselves, where we live and who is in our lives as well as our ability to help ourselves and others. Social prescribing and adult education can impact on health and wellbeing, but it isn't just about what activity people are supported to join, but also about how we work with people that makes the difference.

This section looks at the importance of empowerment in supporting people to improve their health and wellbeing.

- Professor Michael Marmot in his report Fair Society Healthy Lives (2010) suggests that our health and wellbeing is 70% driven by social determinants and only 30% by clinical factors.<sup>4</sup>
- In his book The Health Gap (2015) he writes of the importance of empowerment for those at the bottom of the health gradient and that we need to create the conditions for people to lead flourishing lives feeling safe, connected and with the skills they need to manage their lives.<sup>5</sup>

Empowerment is often overlooked when we talk about improving people's mental health and wellbeing but being empowered is what gives people the agency to move on in their lives.



*"We have some people who are frightened of doing skills-based courses because they feel they're not ready to go to work and they're frightened about doing something where they will then be sent to the job centre or be made to go for a job interview, and they really don't feel ready for it. The reality is that it doesn't take too long for most people to feel ready for the next step. But it's about letting people feel that they're in control and that they can plan next steps at the time that's right for them. And sometimes we have people with very low expectations and their horizons completely shift because of the people they meet in class, the things that they've done that they didn't think that they could do that they say after, 'Yes, I'm going to start volunteering' or 'Yes, I'm going to do a qualification course' or 'I'm going to get a job' and it's wonderful. But it's about letting adults feel empowered"*

**(Adult Education manager)**

## How does adult education improve health and wellbeing?

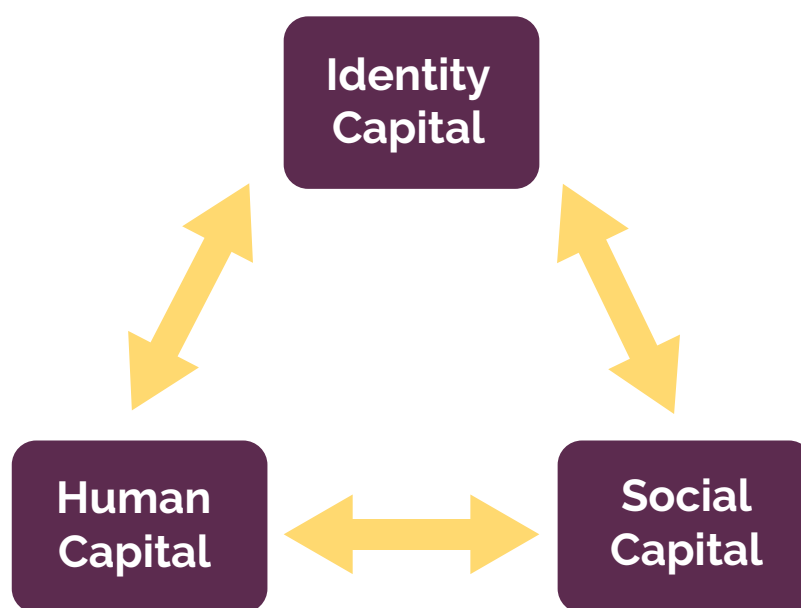
Adult educators have long recognised and witnessed that when adults return to learning, particularly those with a poor sense of wellbeing, they thrive and grow in confidence and self-belief. For some learners the effect of returning to learning can be transformational. Researchers have tried to understand and conceptualise why adult learning has this impact. What is it about us as human beings that when we learn something it can have such a profound effect, way beyond the subject of our learning? Tom Schuller and David Watson in their book 'Learning Through Life' set out a proposition based on human capital as a framework to help us understand this impact.<sup>6</sup> As human beings we all have three 'capitals' in the form of assets we might have in our lives that enable us to thrive and flourish:

- Identity capital relates to our self-esteem and sense of meaning and purpose in life. It's about how we see ourselves and how capable and competent we believe ourselves to be.

- Human capital relates to the skills and qualifications we hold and have the opportunity to use. These might be acquired through formal education or might be acquired through informal learning.

We can build our human capital through participation in learning, but we can also build skills and competencies through reading or listening or through our interactions with others.

- Social capital is about our network and connectedness to other people, whether we have people around us that we feel we have things in common with, share things with and to give as well as receive support.



Each of these three capitals inter-relate. Without self-esteem and confidence of identity capital we cannot make the most of our human capital or build social capital. Human capital impacts on our identity capital and so on. Adult learning helps us build all three capitals.



# Positive outcomes from social prescribing to adult learning

There is growing evidence of the impact adult education has on health and wellbeing. Here are two examples.

## Bromley-by-Bow Centre

Bromley-by-Bow Centre supports people with a variety of integrated services, including adult learning and volunteering. Because they know that health is primarily driven by social factors.

An evaluation showed that the Bromley by Bow model successfully met individual's basic needs:

- Good physical health
- Enough money to get by
- A secure home
- A safe and positive environment

However, these 'survival outcomes' are not enough in themselves for a good life. The social prescribing model also supported 'growth outcomes' for people:

- Feeling good in oneself
- Connection to others
- Giving and getting back

*The evaluation states 'we call these growth outcomes because they feed each other – as one grows so the other has the chance to grow – they are organic and alive. But also, because the range of capability and aspiration within these three categories indicates a potential for dynamic movement along a trajectory for any individual.'*

## Community Learning and Mental Health (CLMH) project

In 2015-18 a national research project tested whether adult learning could support people to manage mental health problems like anxiety and depression. Adult and community learning providers worked in partnership with health, voluntary and community sector services to recruit over 23,000 people into learning opportunities. Some courses were about managing mental health conditions and others were general community learning courses such as crafts, gardening, and music. In response to being asked 'what has changed the most?':

- 11% said health and wellbeing had improved
- 15% said communication and relationships

- 16% said opportunity and things to do
- 26% said learning and skills
- 49% said confidence and positive thinking

Learners were asked to complete Short WEMWBS, GAD-7 and PHQ-9 throughout their learning. The research showed that:

- 29% showed significant improvements in symptoms of depression
- 39% showed improvements in symptoms of anxiety
- 52% of learners who started courses with clinically significant symptoms of anxiety and/or depression no longer had clinically significant symptoms at the end of their course.

## Loneliness – a threat to health and wellbeing

New research undertaken by the GLA Social Integration Unit highlights the seriousness of severe loneliness among Londoners.

*“Severe loneliness is painful and debilitating; it is bad for your health and damages your economic opportunity”.*

One in twelve Londoners are severely lonely and it falls heaviest on select groups (the 'big five' associative factors):

- The acutely poor.
- Those going through life changes such as bereavement or unemployment or being new to London or moving neighbourhood.
- Being single or living alone.
- Feeling different or experiencing prejudice.
- Being Deaf or disabled.

The research identifies what prevents and protects us from severe loneliness.

2 qualities that <b>PREVENT</b> loneliness	2 shields that <b>PROTECT</b> us from loneliness
<b>Social connectedness</b> – having high quality connection to other people	<b>Support Network</b> – access to people you are close to and whom you can rely on.
<b>Sense of belonging</b> – feeling you fit into the world around you. Feeling purposeful and optimistic. Feeling you have things going on in your life.	<b>Psychological resilience</b> – a way of seeing the world that enables you to cope with setbacks.

This new research suggests potential actions to reduce severe loneliness among Londoners. Specifically, calls for concerted cross-section action to:

- Target resources. Use the 'big five' associative factors to ask whom might be missing from services.
- Target interventions specifically to the transition moments in people's lives.
- Instigate a systemic re-design to build kindness into all service provision.
- Drive more social value from existing infrastructure.

These are important strategic decisions that leaders and managers of services will need to think about.


The research also raises some thought-provoking questions for link workers, teachers and support workers in adult education to think about in relation to the everyday contact with clients:

- How do you increase and routinise social connection?
- How do you bake-in neighbourliness and mutual care?
- How do we reduce barriers to general social participation?


This is the thinking and conversations that needs to happen within services, and also in our partnership working.

## Social prescribing – how does it work?


- Social prescribers are often known as link workers, community connectors or navigators. People are referred to them by healthcare professionals.
- People are referred, or refer themselves, to social prescribing because they are facing challenges, they want help with. Social prescribing provides the impetus for the change they want to make in their lives.
- A link worker may support about 30 people at any one time. Link workers tend to work with people over a six-week period, though this may vary according to people's needs.
- Link workers work in a very person-centred way. They spend time with people to try and help them identify what matters to them and then to work out how to connect with whatever activity they need that would make a difference.
- The aim for link workers is to enable their clients to be independent and more confident in helping themselves in the future.



*"I take GP referrals and other healthcare professional referrals based at GPs and they're mainly on, all sorts of things, so it's a holistic support complementing the physical support, if you like, that they get from their GP...and [I] really have the time to talk to people so [they can] really express what it is that they might like, that might be helpful to them, and I suppose it's just helping them socially and emotionally, really, to pick themselves up if they need to or access things that they didn't know about and provide all-round support really." - (Social prescribing link worker)*



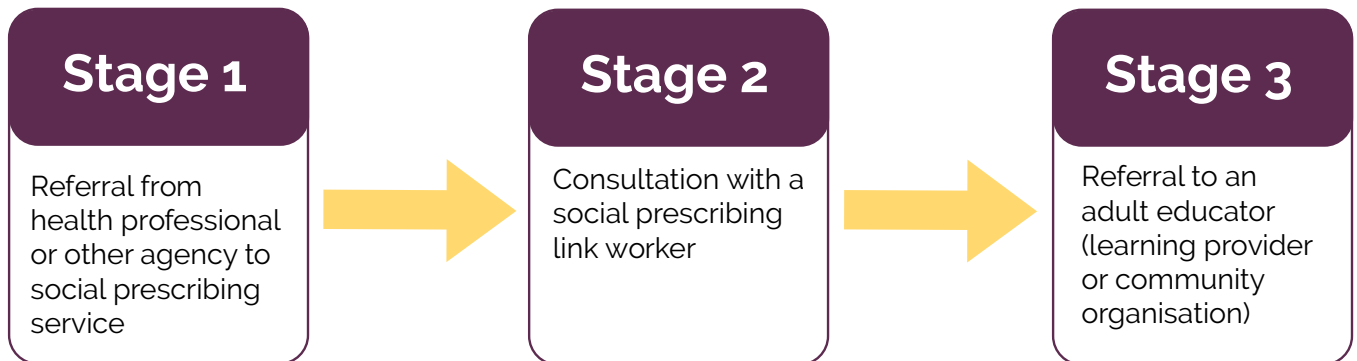
*"Everybody's a bit different, there might be some people that I might speak to once a week for a little while. Other people ...I can signpost or refer, and they're good to go..... we're supposed to discharge at 6 weeks ....it helps us to boundary ourselves and hopefully set those goals and move people forward within that framework." - (Social prescribing link worker)*



*"Key outcome....is independence. And sustainable independence. So, I'm there to help, I'm there to guide. But at the end of the day, when I close the case, I want them to feel more confident accessing services themselves." (Social prescribing link worker)*

## How social prescribers work to support people to access adult education?

This is a description of how social prescribers refer to adult education. The process described is generic based on interviews carried out with link workers. In reality, the process isn't always as linear, sometimes it is two-way with adult educators referring back to social prescribing, and it is greatly dependent on context and client need.



Edith, who's 86, was one of the most frequent attenders of her GP surgery. She doesn't have any family; she lives alone and goes to her surgery 3 times per week. To help Edith, her GP introduced her to Diana who is one of the health champions. Diana chooses to meet Edith in the waiting room so that their first interaction is in a familiar and friendly space. They chat about her, what she likes doing and what she needs. Edith likes singing so Diana invites her to the singing group that is in the precinct that is run by the champions out of a voluntary sector. Edith and Diana build a high quality and high value connection through spending time together. Diana introduced her to 3 other ladies when she was there who were in her age group and they meet up during the week. Edith starts to feel better, less lonely and chooses not to go to the GP as often.

*"Adult education is both about learning, developing new skills, whether that be for a job or just for fun. But it also has a social component... meeting up with like-minded people. I think a lot of patients would benefit from that. They may initially say, 'I'm actually a bit lonely.' They may not see adult education as a way to alleviate that... but going there, they could meet up with one other person who they have a shared interest, and then they go for coffee afterwards."* (Link worker)



## Adult education – what does it offer?

For many adults their only experience of education was at school. Some adults go on to higher education and may not have experienced adult education.

This section is about what adult education is, what's different about it and what it can offer to clients.

### Why do adults return to education?

Adults return to learning for many different reasons. These include:

- As an opportunity to meet people who may have a shared interest. To make friends and combat loneliness.
- To get some routine and structure in their lives and a reason to get out of the house.
- To improve health and wellbeing such as through exercise classes, meditation or mindfulness.
- An interest in a subject that they want to learn more about e.g., photography, local history.
- To learn or improve skills such as literacy, numeracy, spoken language, digital skills or family learning.
- To get a job or set up a business through courses such as floristry, book-keeping and creative industry courses.

Some people start off returning to learning for one reason and find there are many other benefits such as increased confidence, distraction from dwelling on problems and new friendships. Many people find that one learning opportunity leads to others and so they progress in their learning and sometimes into employment or a change in their job.



*"just knowing that you're not alone, and there are people who completely understand"*

*"the skills I think that I've learnt doing courses, it gives you a bit of confidence in yourself" - (Clients)*



*"Over the span of however many weeks it was, everyone had positive change within their life and also, it just seems to me, everyone's mood had lifted. So, actually, the course did what it said on the tin, which was amazing. It's so effective. I feel like the doctor should just send everybody on it who's feeling shaky or just needs a little bit of help. I think it could help really if you were unemployed or just feeling like you needed to return to some level of confidence." (Link worker)*

## Why do adults return to education?

Adult education covers many types of learning, such as:

- Formal learning opportunities that lead to a qualification such as in maths, English, digital skills or languages
- Vocational learning that might take place in workplaces such as apprenticeships or traineeships in employment areas such as administration, catering or engineering for example
- Non-formal learning such as:
  - arts, crafts, meditation, exercise, gardening
  - wellbeing courses such as mindfulness or anxiety management
  - learning opportunities offered to specific groups in the local community, for example, family learning or English as a second language (ESOL) learning.

Adult education takes place in many different settings:

- adult education centres
- voluntary sector settings
- community centres
- community venues such as care homes, GP surgeries, hostels and religious faith settings.

Adult education providers can also design courses to suit specific groups, often by working with people in the community. This helps to ensure that the learning opportunity offered is accessible and right for people.

In London, the Adult Education Budget (AEB) funds education and training for adults aged 19 and above.



## Different ways to learn

Adult educators focus on making learning relevant and accessible to adults, which includes making it stress-free and as welcoming as possible. Returning to learning for adults can be a big step so above all adult educators try to ensure that the learning is supportive and enjoyable.

- Adult educators understand that adults bring with them their life experience. They will often create learning environments where learners' life experiences and interests are used to facilitate peer learning and co-creation of learning.
- Adults may also have other responsibilities that impact on their learning such as parenting, caring or work, so courses may be offered at different times or online.
- Technology is increasingly important in our lives and has impacted on how adults learn and what they want to learn. During the pandemic, learning providers had to put many of their courses online. Some providers used funding to provide equipment for people so they could continue with their learning. Support is given to help people who lack confidence with IT.
- Adult educators will design courses to meet adult needs. These are examples of innovative curriculum to meet the health and wellbeing needs of adults that some providers have developed.



*"We are setting our stall out to be a responsive service, an empowering service, and an innovative learning environment, so using new technology, embracing new digital software and hardware and ways of learning and pedagogy that we have developed over the last year or so."*

**(Adult Education)**

### Practical ideas for happier living.

10 key steps to happier living – practical tips and ideas, based on scientific research, to being happier.

Learners improve wellbeing, ability to manage stress and anxiety and increase resilience. Learners attend monthly refresher course after the 10-week course has ended to maintain mental health.

### Plant Lovers Walk in a local park.

An introduction to the outdoor spaces within the borough, a walk through the park, identifying plants and connecting with nature

*'I have enjoyed the calm and relaxation the course has given me'* **(Learner)**

### Wednesday Lunch Time Talks.

Different speakers are invited in to speak, often health professionals who talk about subjects like 'How to deal with stress'. These were offered face-to-face but since the pandemic have been offered online and have been even more popular. They are seen as a win-win opportunity as it also enables health staff to reach more people quickly for their engagement targets.

## Barriers to learning

While any adult can access learning, some adults do not think it is for them – that 'learning is for other people'. This could be due to worries about cost or fitting it in around other responsibilities. Often it is because of bad experiences of school, low confidence and anxiety.

This can mean that they don't even consider it an option for themselves. This is an important factor in social prescribing to adult education and why link workers may have to invest time in encouraging and supporting clients to consider and get into learning opportunities.

It is why strong partnership working between social prescribing services and adult education is key to opening up learning opportunities for all. This will be covered in the section on partnership working.

## Cost of learning

Cost of learning can be a barrier for some people, but many courses are fully-funded or subsidised by the Adult Education Budget (AEB) so it is always worth talking to providers to see what is available.

Adult education providers can use their discretion over costs to make courses more accessible for disadvantaged or marginalised groups. This is likely to include the type of courses set up to encourage learners with poor mental health or wellbeing into learning.

Other courses may be reduced cost or free if the person:

- Has a learning difficulty or disability and has an Education and Health Care Plan (EHCP)
- Is doing a maths, English or digital skills qualification
- Is in receipt of a benefit
- On less than living wage
- Is taking their first full level 2 or 3 qualifications (e.g. 5 GCSEs, at grade 4 or above)

It will depend on the type and level of course and the prior learning of the person. Information about courses will be on a provider's website under course information. It is always advisable to check for any fees before enrolling. Some providers will also allow people to pay in instalments.



*"There was a time when I wasn't working, and I did get some of the courses for free, so they were very good at telling me what steps to take to get the free course."*

**Client**



## Enabling clients to enrol onto courses

In the previous section on social prescribing, three stages in the process by which link workers support clients to access adult education were described.

The next three stages describe the process that adult educators use to enable clients to get onto the right course for them. As in the process for link workers, this is a generic process and again, will depend on the client, the setting and the type of course they want to access.

### Stage 4 Enrolment and assessment

- Adult educator will spend some time talking to the client about the opportunity.
- Adult educator may need to assess the client to check readiness for the course, identify any support needs, health and wellbeing needs or maths and English needs.
- Adult educator will talk to the client about any costs or learning materials needed.
- Client may be accompanied by the link worker for support.



### Stage 5 Support for learning

- Client does the right course for them.

*"right at the beginning, establishing high trust relationships, making people feel comfortable in a group, often just getting people feeling okay sitting in a classroom with other people they don't know, all of that, if it's going to go wrong it tends to go wrong in the early stages. So having someone that they know with them for the first two or three classes can be massively important."*

**Adult education manager**



### Stage 6 Support provided to enable client to progress in their learning

- Client completes their course.
- Adult educator will provide an opportunity and support for the client to discuss how they want to progress in their learning. This might be another course,

## Making adult education accessible and welcoming

Many different factors combine to make adult education welcoming.



*"...we're looking within our organisation at progression routes and destination, that people are then introduced to.... if anyone has done one of our courses, they can join in and sell their work at our craft fair that we have annually. They can join in with our art exhibition and our fashion exhibition, so there are opportunities that are open to them to become part of a broader offer. I would say that's quite fundamental to them coming and doing maybe a 5- or 6-week course, that they have a follow-on. So, sometimes, if I'm doing a creative course, then I will invite the horticulture lecturer who will say, 'Okay, we're doing tree and plant identification in 2 weeks' time. Would you like to come along to that?'"*  
(Adult educator)

## What to do to make adult education accessible

<b>Right person right skills</b>	<p>Having a named contact for social prescribers and clients to connect to. These post-holders often have a range of skills including:</p> <ul style="list-style-type: none"><li>▪ One-to-one and coaching skills</li><li>▪ Understanding of professional boundaries and how to refer to more specialist support</li><li>▪ Knowledge of a range of things including teaching, learning, assessment and support, mental health and wellbeing, as well as local support agencies</li><li>▪ Partnership and referral skills and how to engage and influence inside and outside of their organisation.</li><li>▪ Administration and managing a caseload of clients with individual learning needs.</li></ul>
<b>Developing staff</b>	<p>All frontline staff need to be trained and confident in appropriately supporting all clients. Training could include Mental Health First Aid, Safeguarding, but also subjects such as dementia, domestic violence, and autism. Teachers need training in how mental health and trauma affects ability to learn.</p>
<b>Right course, right support</b>	<p>Time spent in stage 4 and 5 (page 18) is key to ensuring that clients get onto the right course and can succeed. They are also more likely to be independent in their learning if you get things right at this stage.</p>
<b>Innovative and responsive courses</b>	<p>Developing courses in partnership with other agencies, professionals or clients helps to ensure courses are responsive to clients' interests and needs. This might include providing courses in particular venues, at certain times or to smaller groups. It might include offering volunteering and buddying schemes or building more social time into learning.</p>
<b>Check-ins and refreshers</b>	<p>Check-in with the clients during the course to make sure that all is going well and that needs are being met. Refresher courses are opportunities for clients to come back together after their course has finished to reconnect with each other, remind themselves of what they have learnt, share their progress and any new learning or experiences they have achieved since the course has finished.</p>
<b>Progression routes</b>	<p>Clients get a chance to move on in their learning. This is particularly important if the initial learning opportunity has been successful in raising clients' confidence and morale. Supporting clients to think about further opportunities also helps clients to build on their learning and opens up other opportunities and further increases confidence. It also sustains the social connectedness for the client.</p>

## A systems approach to building partnerships

The problems faced by those in the most marginalised and disadvantaged communities, such as poverty, intergenerational disadvantage, social isolation, and poor mental and physical health are often interconnected and complex.

Tackling these challenges needs a systems approach in which local leaders work collaboratively and support and enhance cross-professional working.

It requires leaders and practitioners to work outside of traditional organisational hierarchies.

No single service will have the answers to the complex challenges faced in life by many Londoners.

Finding the answers will require cultural change within organisations brought about by sustained partnership working.



The World Economic Foundation defines systems leadership as being well-suited to complex challenges that require collective action, where no single entity is in control.

WEF highlights five elements to systems leadership (which are not necessarily sequential):

- 1. Convene and commit** – getting together to define shared interests and goals and to commit to working together in a new way to create systemic change.
- 2. Look and learn** – map stakeholders and jointly build a shared understanding of the components, actors, dynamics and influences that create the system and its current outcomes and generate new insights and ideas.
- 3. Engage and energise** – build strong stakeholder engagement through continuous communication, build trust, commitment and innovation and collaboration.
- 4. Act with accountability** – shared goals and principles set the direction of the initiative, measurement frameworks and help track progress.
- 5. Review and revise** – review progress regularly and adapt strategy accordingly. Adopting an agile, flexible, innovation and learning-centred approach allows for evolution and experimentation.

*[What is systems leadership, and how can it change the world? | World Economic Forum \(weforum.org\)](https://www.weforum.org/)*

## Creating joined up social prescribing and adult education services

Partnership working is at the heart of the work of social prescribing services. Adult education services are about widening participation in learning, particularly among those from marginalised and disadvantaged communities, so partnership working is essential.

It is important to work in partnership from a place of common ground, of shared understanding of what services have to offer and the professional skills of staff involved.

Partnership working takes time and requires a proactive approach. It can present many challenges. Building strong partnerships doesn't happen overnight, it needs a commitment. Partnerships can be very vulnerable when key people leave or there is a change in strategic focus.

The next section looks at some of the strategies that have been used by services and professionals across London to build partnerships, how to accelerate partnership building and how to find ways to make the partnership more sustained and embedded in the services on offer.



*"It's taken us ten years to get to this stage. If I had my time again and to speed up the process ... I'd get the Practice Managers, all of the Practices across the borough in and doing [this course]. Right at the beginning, get them onboard. Unless you're in the course you don't know the discussions that are being had and it's the experiences of the people that are in those groups that make the programme, and they will see that and then see how that can be translated into their fields."*

**(Adult education manager)**



*"One of bigger challenges, I suspect, is just having the time and capacity to do this outreach work to really understand the local assets, making those relationships, understanding what's on offer, understanding what's the benefit, what's the uptake? With the limited amount of social prescribing provision across London, and the massive amount of demand, potentially, across different conditions, different social issues, etc., I would imagine, and this is just hypothesising, it's a big capacity issue for the people on the front line, the link workers, to be able to really understand what the provision is out there."*

**(Health care manager)**

## The importance of leadership in enabling a systems approach

- Think beyond your own service, invite others in to be part of the solution.
- Talk with people who work in this area and find allies who will work with you and align your strategies.
- Spend time thinking about what they will want to know, provide evidence and the data that aligns with their priorities- pull them to your agenda.
- Allocate resources - appoint named staff, give time and training.
- Set up cross-organisational training and development.
- Offer co-location of workspace if you have space available. The accidental and unanticipated learning that comes from everyday conversations is invaluable.
- Map services and organisations that your organisation works with and share that information with stakeholders. It will highlight duplication, priorities and gaps in provision.
- Work with allies first and promote your successful partnership working. Others are then more likely to join in.



*"I think it's about understanding on both sides, what the services are, what the offer is, how it connects to wellbeing, and I think that's part of the training. At the moment, what we have is a social prescribing network group meeting and the social prescribers get together. At the moment, we're getting a lot of the agencies in. We're getting housing to go in, IAPT are going in, we're getting different people to go and present about their service and how to navigate them. I'm going to be doing a workshop around culture and wellbeing, so that we can begin to promote that, to increase referrals there. I think there's something that can be done that's about culture and about sharing information and are developing pathways."*

**(Systems Transformation manager)**



*"The college has moved from the education department within the borough into health and wellbeing. So I think this was a conversation that I had with the Chief Exec of the borough and she was thinking okay, where does adult education fit in? Is it regeneration, employment and skills? Is it health, wellbeing, and communities? Is it education? And although there's an argument to put us in any or either of the two not education [schools] so much, but it was decided that we should go into health, wellbeing and communities."*

**(Adult education provider)**

## For link workers - Create awareness of what you offer

- Visit premises or invite others into yours. Get a realistic feel for the facilities, classroom and social spaces. It also helps raise your awareness of travel and accessibility for clients.
- Talk to people who do the work on the ground and get a sense of how they work with people. This helps to create a shared understanding, and to understand concerns and constraints, find solutions and create new opportunities.
- Join in with the activities on offer. Adult education providers are happy for link workers and other professionals to accompany clients to interviews or to join the first few sessions until someone is settled. When you talk to clients you do so from a more-informed basis and can make the opportunity sound more 'real' to them.
- Ask clients to tell you about their experiences.



*"How can you create a dynamic directory of services where the voluntary section is really well connected with people that are referring people into those services. And examples I've seen of it working really nicely are networking, regular breakfast networking events where a college could turn up because they've got an intake in a month's time, and they could tell people about the new things they've got going on and link workers would attend that. It happens every month, it's an hour and a half or whatever, just to have a coffee and a pastry and chat to some people who are delivering interesting services. That's a really nice way for social prescribers to meet with people who are delivering social prescription activities." - (Healthcare manager)*

## Build cross – Organisational relationships built on trust

- Work together to develop processes that work for both organisations such as referral, information sharing and reporting/feedback processes.
- Work together to look at needs and co-create appropriate and relevant opportunities for clients.
- Share success stories of what works well. This is motivating as well as informative.
- Also provide feedback on things that didn't go so well, so that other services can learn and adapt.
- Share training and development opportunities such as on topics like safeguarding and GDPR.
- Identify where resources can be shared and where duplication can be avoided.
- Build in regular reviews of how things are going.

## Involving clients

- Clients are key actors in the system and will have insight into how it really works. They can also be powerful advocates for what you are doing.
- Clients who have benefitted from your services are more likely to recommend it to others and bring people with them.
- Clients report back to other services, like their GP and so help build awareness.
- When clients know why data is being collected and that it will be used safely and purposefully, what they say and report will provide you with the best insights.
- Get staff to also use the same wellbeing evaluation tools as learners so they can say what it is like to complete one and it also enables services to support staff wellbeing.
- Co-learn with clients, particularly short wellbeing courses so you can be informed about it.
- Clients can become co-creators in courses or services, through volunteering to support others or providing learner-led courses



*"once that person has completed that evening class the voluntary sector organisation could ask that person how well they did or get that person to talk about the positive impact or not positive impact it's had on their life. That will go back to the social prescriber. That is then collated. You've then got a body of evidence to say that this intervention was really good and the social prescriber's much more likely to be sending people in that direction because they got feedback on the service and they know it's useful. So you might know about loads of services but actually do you know which ones are good?"*

**(Healthcare manager)**



*"it's the learners themselves from their groups, they set up their own groups they choose to lead through social media, some of them are go out for walks, some of them are going to the café together and they keep each other going."*

**(Adult education manager)**



## Data sharing and monitoring outcomes

Joined-up data-sharing and monitoring outcomes across social prescribing and adult education is a complicated and difficult task.

Data collection is often a reflection of the various ways in which social prescribing and adult education are funded and organised. While both social prescribers and adult educators may have a shared goal of improving health, wellbeing and life chances of Londoners, how they are commissioned and funded and how they evidence progress towards that goal is very different. In short, they may want to get to the same place but the starting point in terms of data-sharing and monitoring outcomes are miles apart.

Unfortunately, at this point there are no easy answers. Some solutions may need to come from a shift in political will and a policy change.

The London Learner Survey being introduced by the GLA is an example of a possible solution in that it will hopefully enable adult educators to use one tool that measures wellbeing, as well as qualifications gained, employment, volunteering, social integration and self-efficacy. Until such times, the solutions will be locally based and will require strong partnership working at a strategic and operational level if we want to create an alignment in data-sharing and outcomes monitoring.

Data-sharing and outcome monitoring needs to be part of the conversation with partner organisations. We need to be mindful of the requirements, constraints and pressures on partner organisations, and then explore what is possible.

In this section we will look at some of the issues and current tools for collecting data and monitoring outcomes.

### Considerations when thinking about how to measure social prescribing to adult education outcomes

[A Guide to Selecting Patient Reported Outcome Measures \(PROMs\) for Social Prescribing](#) (April 2019) provides helpful information on choosing a methodology.

One of the suggested considerations when choosing a data collection and outcomes monitoring method is to think about what you want to measure:

- General – captures things such as overall health, quality of life or wellbeing. These terms are often used interchangeably, to measure different things.
- Condition-focussed – captures information on particular conditions such as depression or anxiety.
- Person-led – enables clients to nominate their key concerns of symptoms and captures information using clients own words.

## Data collection of social prescribing activity to adult education

Data-sharing and outcomes monitoring is an essential aspect of growing and developing social prescribing to adult education. Ideally data and outcomes monitoring would flow across organisations, so that the effectiveness of referral and impact on individuals and communities could be better understood. While we are some way off that, the following section might help in how you approach data collection and reporting, particularly as you establish partnerships.

Joined up data collection needs to be:

- GDPR compliant, but better reporting of generalised data between organisations would support better planning and development of services.
- Simple and easy to collect for all organisations. Many smaller providers, who may be offering the type of provision required by the most vulnerable learners, do not have capacity for onerous systems.
- Staff do not always feel comfortable asking for data from clients and explaining to clients why it is needed and what will happen to the data, so training may be needed.
- Data is the client's voice, so clients need to know why they are being asked certain questions and how their responses help develop better services.



*"Normally the rules of our funding state that basically once we get them into a course, or a job, we have to disengage them from our service. What I tend to do, though, and it's very informal...is to do much wider in-depth survey amongst the clients that have already got onto courses. So in the 18 months that I've been doing this...And the feedback we've had from the ones who have come back to us has been really good, they've really enjoyed it. They've not all gone back into doing the work that we got the course for, but what we notice is that the course actually improved their self-confidence for them to go out and look for work."*  
**(Social prescriber)**



*"... A vague piece of evaluation work (conducted) in 30 GP practices ... showed a 94% improvement in wellbeing for the people who were part of the interventions. It improved collaboration between staff in the practice and that's one of the big drivers in the NHS at the moment."*  
**(Healthcare manager)**



*"For a voluntary sector organisation to be able to prove to a commissioner that what they're doing is valuable to the community, don't really have time to get evidence, they haven't got the money to buy the big fancy thing that's going to help them get the evidence."* - **(Adult Education Manager)**

These are some of the reasons why data collection would lead to service development and effective partnership working.

Data to collect	Examples of reasons to collect the data
Volume of clients using services	<p>Basic data collection – protected characteristics, employment status, 'big five' associative factors.</p> <p>The number of people using social prescribing services is high but referral to adult education can be low, so we need to monitor growth in referrals.</p> <p>In adult education, there are many different referral routes where people are accessing learning for health and wellbeing reasons, and it is likely that there is vast under-reporting of the extent of the work being done.</p>
Tracking referrals	Where are clients referred? Was it an effective referral? Did they turn up? Was it the right referral?
Tracking clients' journey	Did the client attend and achieve their aims? Did they progress onto something else? Was the activity effective?
Client satisfaction	Was the experience positive? Did the experience give the client what they wanted and needed?
Improved health wellbeing and situation	What has been the impact on client's health and wellbeing, social connectedness or circumstances?
Quality assurance	Is the learning opportunity and approach to teaching and learning right for clients?
Strategic planning	Are changes needed in what is offered? Are more resources needed? Do you have the right partnerships?
Assessment of costs and savings	Are you off-setting costs by funding some areas of work because savings are being made in other areas?
Impact on staff	What is the impact on staff wellbeing? What staff development is needed? Do you need to appoint new staff with specific skills?
Sustainability	What can be done to strengthen and mainstream effective practice? How do we secure long-term funding? Who are the decision-makers we need to share this data with?

## Different tools in use for data-sharing and monitoring outcomes

There are many different tools in use. The interviews carried out with social prescribers and adult educators identified the following methods. What is used is by services is due to what funders or commissioners want to be used, what is being measured and judgement on ease of use. This is a selection of the type of tools being used.

Evaluation tool	Description	Further information and examples of use
Elemental	A digital platform used by key stakeholders such as GP's and social prescribers to track what programmes, services and interventions a client has been referred to.	<a href="#">Home - Elemental Software</a>
LEAF-7	A method of measuring a person's quality of life and any changes to that quality of life which occur over time. It provides the basis for undertaking accurate person-centred support planning and review, developed initially by Age UK.	<a href="#">LEAF-7 - quality of life assessment tool (leafoutcomes.uk)</a>
PAM (Patient Activation Measure)	Patient activation is the confidence and skills a person has to manage their health and healthcare. It is expected that by understanding a patients activation level, care can be planned appropriately with the individual, leading to improved wellbeing and fewer episodes of unplanned and emergency care.	<a href="#">Patient activation training   Peak Health Coaching Ltd</a>
ONS4	Wider Measuring National Wellbeing (MNW) programme conducted by the Office for National Statistics which aims to provide measures of the national wellbeing. Uses 4 questions to measure personal wellbeing which respondents answer on a scale of 0-10.	<a href="#">Personal well-being user guidance - Office for National Statistics (ons.gov.uk)</a>
P-CAT	Person-centred Care Assessment tool aims to measure the extent to which care is person-centred, shifting the conversation from 'what is the matter with you to what matters to you'. Used within social prescribing it supports the co-design of solutions that consider the wider determinants of health and help people choose activities that address those needs.	<a href="#">Person-Centred Care Toolkit (rcgp.org.uk)</a>

Evaluation tool	Description	Further information and examples of use
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale measures mental wellbeing in the general population using 14 questions. The Short WEMWBS uses 7 questions.	<a href="#">The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)</a>
GAD-7	Generalised Anxiety Disorder – 7 is a questionnaire for screening and measuring generalised anxiety using seven questions.	<a href="#">Generalised Anxiety Disorder Assessment (GAD-7) (hct.nhs.uk)</a>
PHQ-9	Patient Health Questionnaire is a questionnaire for screening and measuring depression.	<a href="#">PHQ-9 Depression Test Questionnaire   Patient</a>
ILR	Individualised Learner Record is a requirement of Further Education and training providers to collect data on all learners. This includes data about the learner – name, date of birth, ethnicity etc, the learning they are doing with start and end dates and the learning outcome.	<a href="#">What is the individualised learner record (ILR)? – ESFA help centre (education.gov.uk)</a>
Learner satisfaction surveys	Ten questions that ask learners how satisfied they are with their learning experience, how they are treated and what they think will be the outcome of their learning.	<a href="#">FE Choices Learner Satisfaction Survey Guidance 2020 (publishing.service.gov.uk)</a>



## Glossary of terms used across social prescribing and adult education

**Additional Learning Support** – extra assistance given to help a learner achieve in their learning. Support can be given for a mental health issue, help with reading, writing or using numbers, a specific learning difficulty or physical disability.

**Adult education** or **adult learning** involves opportunities for adults to engage in activities to develop new skills, knowledge and abilities. This can mean both formal education, such as learning towards a qualification, as well as non-formal opportunities to learn such as classes in arts, gardening, or managing mental health and wellbeing. Adults may engage in learning for a variety of reasons, including to develop new skills, connect with other people, reduce social isolation or improve their mental health or wellbeing.

**The Adult Education Budget (AEB)** funds education and training for adults aged 19 and above, including for courses in basic English, maths and digital skills, and adult community learning. These courses are delivered by a range of different providers, including local authorities, further education colleges, institutes for adult learning, independent training providers and community and voluntary organisations.

**Adult Community Learning** includes a range of community-based learning opportunities aimed at developing the skills, confidence, motivation and resilience of adults of different ages and backgrounds in order to improve their physical and mental health and wellbeing, support their progression towards formal learning or employment and/or develop stronger communities. Community Learning is primarily managed and delivered by local authorities and general further education colleges. Community Learning is usually funded through the Adult Education Budget (AEB), and sometimes is also funded by learner fee contributions.

**Social prescribing** supports people to access a range of local, non-clinical services or activities via referral from a health professional to improve their health and wellbeing. Social prescribing recognises that people's health and wellbeing are determined by social, economic and environmental factors.

**Sustainability and Transformation Plans (STPs)**– are a planning framework for commissioning and funding NHS services. STPs are responsible for NHS spending and better integration with social care and other local authority services, and are aimed at improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Forty-four areas in England have been identified as the geographical 'footprints' on which the plans are based. There are five STPs in London: North West London STP, North Central London STP, North East London STP, South West London STP and South East London STP.

**Clinical Commissioning Groups (CCGs)** – are clinically-led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCGs members include GPs and other clinicians such as nurses and consultants. There are currently 10 CCGs in London: North West London Collaboration of CCGs, North Central London CCG, NHS South West London CCG, NHS South East London CCG and 6 CCGs in north east London, who will become a single organisation named North East London CCG from 1 April 2021.

**Digital Learning** – any type of learning that uses technology or where the teaching is about how to make more effective use of technology.

**Family Learning** – recognises that parents/carers are the first educators of children. It's about families learning together, parents helping children to learn and helping them to do well at school.

**Information, advice and guidance (IAG)** - often provided by adult education at the start or end of a course to help people make informed choices about career, learning or work options available to them while taking into account skills, knowledge, ability, interests, qualifications and personal issues.

**Link Worker** - part of the NHS strategy for universal personalised care, they work with patients giving them more time to focus on what matters to them, to take a holistic approach to health and wellbeing and to connect people to community groups, adult education and other statutory services for practical and emotional support.

**Primary Care Networks (PCN)** – bring general practices (GP surgeries) together to work at scale. The aim is to improve recruiting and retaining staff, manage finances and estates, provide a wider range of services to patients and more easily integrate into wider health and social care systems.

<sup>1</sup> [social\\_prescribing\\_next\\_steps\\_document.pdf](#)

<sup>2</sup> [Covid-19 and the nation's mental health: October 2020 | Centre for Mental Health](#)

<sup>3</sup> [Constitution of the World Health Organization \(who.int\)](#)

<sup>4</sup> Marmot, M. The Marmot Review final report: Fair Society, healthy lives 2010 London UCL

<sup>5</sup> Marmot, M. The Health Gap: the challenge of an unequal world. Bloomsbury, London p.153

<sup>6</sup> Schuller, T. and Watson, D. 'Learning through Life. Inquiry into the Future for Lifelong Learning' NIACE 2009


<sup>7</sup> Family learning recognises that parents/carers are the first educators for children and seeks to support them in that role.

<sup>8</sup> Full level 2 is the level of attainment which is demonstrated by: a GCSE in five subjects, each at grade 4 (C) or above, or a Technical Certificate at level 2 which meets the requirements for the 2018, 2019 and 2020, 2021 and 2022 16 to 19 performance tables or certain Technical Certificates in the 2017 16 to 19 performance tables. If a learner aged 19 to 23 has achieved a level 2 qualification that was, at the time they started, or still is classed as a full level 2, any subsequent level 2 qualifications will be co-funded.

<sup>9</sup> Full level 3 is the level of attainment which is demonstrated by: a General Certificate of Education at the advanced level in two subjects; General Certificate of Education at the AS level in four subjects; QAA Access to Higher Education (HE) Diploma at level 3; Funding and Performance Management Rules for Grant-funded Providers, Tech level, or applied general qualification at level 3, which meets the requirements for the 2020 and 2021 16 to 19 performance tables; or certain Tech level; or applied general qualification in the 2017 16 to 19 performance tables. If a learner aged 19 to 23 has achieved a level 3 qualification that was, at the time they started, or still is classed as a full level 3, and wants to enrol on any subsequent level 3 qualification of any size they may apply for an Advanced Learner Loan (provided the qualification is designated for funding, and subject to learner eligibility conditions), or pay for their own learning.

# **L&W** LEARNING AND WORK INSTITUTE

 [learningandwork.org.uk](https://learningandwork.org.uk)

 [enquiries@learningandwork.org.uk](mailto:enquiries@learningandwork.org.uk)

 [@LearnWorkUK](https://twitter.com/LearnWorkUK)

 **0116 204 4200**

**Learning and Work Institute**  
**4th Floor, Arnhem House, 31 Waterloo Way, Leicester, LE1 6LP**  
**Company registration no. 2603322.**  
**Charity registration no. 1002775**

*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.*