

## Part 4

# Higher Education, Lifelong Learning & Social Inclusion

**JAMES OGUNLEYE, CHRIS GRIFFITHS & PETER RYAN**

### **STUDENTS' AND TEACHERS' PERCEPTIONS OF A 'SUCCESSFUL' LIFELONG LEARNING TRAINING INTERVENTION – AN EMILIA PROJECT RESEARCH REPORT**

#### **Abstract**

This study reviews the definition of lifelong learning in the context of the European Union policy agenda as sets out in the Lisbon strategy. The paper also reports on the mental health service users' and trainers' perceptions of a 'successful' lifelong learning training intervention. The work reported in this paper was part of a larger study which examines EMILIA lifelong learning training in one EMILIA demonstration site. The study interviewed a number of mental health service user-trainees and service user-trainers using focused group in order to get a deeper understanding of the experience and results – 'success' or otherwise – of EMILIA training model as applied to adults with long-term mental illness. Analysis was based on an interpretative technique – specifically recursive abstraction – of the interviews. The results show that students (trainees) perceived the training intervention as successful because of students were involved in setting the 'ground rules', prefer and enjoy varied teaching methods, had the opportunity to network socially and, more importantly, realised that by participating they could achieve and succeed on the course. The review part of the study suggests that, although the European Union, as indeed most member states, predicates lifelong learning policy on mainly economic factors – i.e. economic growth and jobs – tackling exclusion or promoting social inclusion remains a central plank of strategies for lifelong learning at both national and European levels.

#### **Context of study: the EMILIA Project**

EMILIA stands for 'Empowerment of mental illness service users: lifelong learning, integration and empowerment'; it was a framework 6 research and intervention project, funded at €3.4 million over a four and a half year period, from September 2005 to February 2010. The EMILIA project was one of a number of European development programmes funded by the European Union, part of a wider effort to address the problem of exclusion of multiple disadvantaged groups such as unemployed people with long-term mental illness. EMILIA was the European Union's largest ever funded research and intervention project on lifelong learning

and mental health/social inclusion. The project had 16 partners in 13 European countries; two of these countries – Norway and Bosnia and Herzegovina – are outside the European Union region. A major goal of the EMILIA project was to explore the use of lifelong learning, through EMILIA intervention activity or lifelong learning training, as a means of achieving improved social inclusion of people with long-term mental health illness. The EMILIA training programmes were ran across eight demonstration sites in eight European countries – namely the United Kingdom, France, Norway, Greece, Spain, Poland, Bosnia and Herzegovina and Denmark. The project's ultimate goal was to achieve the integration of European policy in the areas of lifelong learning, social inclusion, employment, and information technology as applied to mental health. The work reported in the following paragraphs relates to an aspect of the EMILIA project research carried out at the UK demonstration site.

### **European Union's conception of lifelong learning**

Lifelong learning is considered as an important part of the European Union Lisbon strategy according to which the European Union should become by 2010, the most competitive and dynamic knowledge-based economic area in the world, as well as a more cohesive and inclusive society. Acquiring and continuously updating and upgrading skills and competences is considered a prerequisite for the personal development of all citizens and for participation in all aspects of society (Eurostat, 2009).

The above quote is taken from the *2009 Adult Education Survey* recently published for the European Commission by the Eurostat. It underlines the timelessness and 'evergreen nature' of the lifelong learning agenda especially since the European Union's proclamation of 1996 the European Year of Lifelong Learning (see also Ogunleye, 2007). Lifelong learning has many definitions – depending on the contexts in which it is defined or, in some cases, the concept/s that is used to explain it. However, in its simplest form, lifelong learning can be defined as all learning activity undertaken throughout life. The emphasis in this definition is *learning* which can be undertaken for personal/leisure reasons or professional/employment reasons, or both. This *learning* can take different forms and can take place in varied range of settings or contexts – be it formal, informal and non-formal settings. The European Union's definition of lifelong learning is purposely broad but no less definitive. According to the European Commission policy document *Making the European Area of Lifelong Learning a Reality* (Com, 2001), lifelong learning is defined as:

... all learning activity undertaken throughout life, with the aim of improving knowledge, skills and competences, within a personal, civic, social and/or employment-related perspective.

The Commission's definition intensely focused on the Lisbon policy strategy which was meant to highlight priority action areas for national governments in the Member States of the European Union. Although the linchpins of the European Commission's definition of lifelong learning are economic growth and jobs – including knowledge and skills development and competences – there is, equally, a

genuine underlying focus on social dimension of the Lisbon strategy. The elements of this social dimension include community cohesion and integration, citizenship, and cultural renewal. These elements are often referred to by their collective term of *social inclusion*. The European Commission (Com, 2003) relates social inclusion approach to education and training as follows:

a social-inclusion approach [to education and training] which mainly targets those whose initial experience of education and training has been unsatisfactory or inadequate, certainly in relation to the modern world, and which seeks to re-engage them with a learning experience which may, especially at the initial stages, focus on personal development and bringing them up to a level of personal and basic skills which ... (Com, 2003).

Social inclusion has become wedded to the European social policy agenda, an agenda that places an emphasis on tackling exclusion especially of people from multiple disadvantaged groups including those experiencing severe long-term mental illness. Lifelong learning is considered not only a tool for achieving the Europe's vision for a high-skills, knowledge economy, but it is also, at the same time, considered a tool for achieving the social inclusion of people from the disadvantaged groups. It is this dual-role that makes lifelong learning the bedrock of the Lisbon policy agenda.

According to Holford's (2008a; 2008b) extensive review of lifelong learning policy documents produced by the European Commission over the years, alongside the economic reasons for lifelong learning i.e. growth and jobs, social inclusion remains a significant policy focus. In other words, despite a noticeable 'shift' in the definition of lifelong learning over the years (see also Holford, 2009), the importance of lifelong learning as key to tackling social exclusion and fostering social and community cohesion continues to be amplified at the European level: the most recent example being the European Council agreement on the strategic framework for European cooperation in education and training or the so-called *Education Training 2020* (see Com, 2009).

The strategic framework for European cooperation in education and training has four strategic objectives. Two of these objectives were to: 'Making lifelong learning and mobility a reality' and 'Promoting equity, social cohesion and active citizenship'. The broad emphasis of the European Union on the promotion of equity, social cohesion and active citizenship at all levels in body politic, in Member States, has the ultimate goal of strengthening Europe's social policy agenda – so as to advance the European social model. This twin policy objective is rooted both in the Lisbon Strategy (Com, 2000) and the Sustainable Development Strategy (Com, 2005a). It is noteworthy, also, that in the current round of the European Commission Social Policy Agenda (2005-2010) (Com, 2005b), two strategic objectives were identified from which priority is being given – these are 'employment', which falls under solidarity objective, and 'equal opportunities and inclusion', which is situated also in the solidarity objective. Every Member State of the European Union is expected to operationalise this twin social policy agenda at national level. As the European Commission's White Paper entitled *Growth, Competitiveness, and Employment* (Com, 1994) explicitly states:

Lifelong learning is, therefore, the overall objective to which the national educational communities can make their own contributions.

The White Paper adds that:

All measures must, therefore, necessarily be based on the concept of developing, generalising and systemising lifelong learning and continuing training. This means that education and training systems must be reworked in order to take account of the need... for the permanent recomposition and redevelopment of knowledge and know-how.

The alignment of Member States' national strategies for lifelong learning should, therefore, be seen in the context of the 1994 White Paper on *Growth, Competitiveness, and Employment*.

The alignment of Member States' national strategies for lifelong learning with the European Union's lifelong learning policy has been well documented (see, for example: Holford, 2008a, 2008b, 2009; Stenfors-Hayes, et al., 2008; Ogunleye, 2007, 2009a, 2009b, 2010). The aligning of lifelong learning policies at both national and European level notwithstanding, there are national differences in policies, practice and guidelines which are attributable to differences in learning culture/tradition and in the constructions of the meaning of lifelong learning. According to a study for the European Commission (Com, 2003), differences are also attributable to:

issues like the degree of development of adult education systems, integration of education and vocational training or the degree of centralisation or decentralisation of systems.

## **Methodology**

The results presented in this study were part of a much larger and detailed study and the space and word limit will not allowed the authors to set out the details of the methodological approach in the paper. However, data was collected via focus group interview as well as content analysis of relevant European Union policy documents on lifelong learning and policy documents of selected member states. All the interviewees were based at the Middlesex University demonstration site, one of the eight EMILIA demonstration sites.

## **Results**

The following paragraphs highlight what students and teachers in the study perceived as 'success' factors in EMILIA's lifelong learning training intervention:

### ***Establishment of ground rules***

The participants in the research considered a decision by EMILIA teachers to allow them to set their own ground rules as perhaps the most success factor in the lifelong learning training:

We went on too long in the first session before we had a break so we then established some ground rules about group operation and behaviour. A rule we would have liked to have introduced, but did not, concerned punctuality

as students wandered in up to half an hour late and this delayed the start of the session.

### ***Safety of self and others***

The teachers considered the risks for the students and their safety and they tried to identify available sources of support for the students.

### ***Flexibility of programme and adaptable learning materials***

The teachers adapted the programme to suit the needs of the students:

We were a little shocked at the way members of the group talked about themselves, using it as a support group. To provide a safety net, we spent the beginning of the second session discussing in small groups the student's sources of support within and outside the course.

A lesson plan goes out of the window. You have to learn to be flexible. You have got to be thinking of people as individuals and working with them rather than as a class and getting from A to B.

The group was very different. People were at different stages of recovery. They had different intellectual capabilities. They had different expectations. They were more or less prepared to take risks and give of themselves... I think the challenge for me was encouraging a constructive response from such a mixed audience.

The teachers identified the level that the students were at and changed the material and structure to suit students' needs:

The second major problem we had was that the material, as well as being too much, was focussed on developing leaders and the students were not ready for this. The knowledge assumed about service user issues, it became apparent in the first session, was beyond the group and they were certainly not in a position to assess leadership skills. We therefore modified the second session to focus on their needs from mental health services and how they would frame that as a general requirement which others would support. We followed this up with a mapping exercise of local services and user involvement in those services although even this was beyond the scope of several of the group. Fortunately, we had already modified the group exercise to concentrate on skills needed in the local service user group rather than leadership skills in general and we omitted the identification of core leadership skills and the issue of a leadership challenge.

The teachers helped students to identify relevant existing knowledge:

The group exercise we developed for the second session was well received and helped the students realise that they knew more than they thought they did.

The teachers enabled students to use their personal experience in a structured formal way:

We set up the final session in a more formal way and everybody made a short presentation about how they thought mental health services could be improved based on their own personal experience.

Session sought to enable students to identify their own needs/modify the format of lesson to engender student confidence:

The modification of the session making the emphasis on identifying their own and local needs enabled them to develop their advocacy skills. This bore fruit in the final two sessions when the students each made a five minute presentation. We made the focus of this advocacy from personal experience rather than public speaking to a large audience and the students were very enthusiastic about having a go at a presentation although we had been prepared to modify the format if individuals lacked confidence.

Teachers were sensitive to the different abilities and speed of progress of the students and provided extra support where needed:

Some people could go really quickly and others we had to help to work things out.

#### ***The use of varied/mixed teaching tools and approaches***

... brainstorming, discussions in pairs, small and large group discussions; personal note taking as well as drawing pictures to encapsulate our thoughts e.g., on the recovery process.

... in the main the group were willing and able to explore issues using different mechanisms/tools. We worked as a large group, small groups, in pairs and individually. We used innovative charts, diagrams and tools to enhance the learning experience.

#### ***Shared group knowledge/team spirit***

There was something to learn from everybody [in the teaching group]. Everyday experiences can be developmental and significant.

It was about working together effectively as teachers in the classroom.

The students stretched our facilitation skills. You had to be very strongly interventionalist to give everyone a chance to speak, to try to give the quieter ones a voice.

There was a wide spectrum between introverts and extroverts, but the former became more vocal and the latter became better listeners. This was part of the group spirit, which was evident at the start but continued to grow. There was also a disparity between the educational achievements within the group. But this did not cause a division, with the views and experiences of the entire group being respected.

#### ***Challenging sessions***

In the last class we did an exercise on the improvement of self-image the majority of students felt this was too ambitious. In retrospect I agree. While

we should not underestimate the intellectual capabilities of the students we must not underestimate years of low self-image and stigma.

### ***Social networking/social/people skills***

New friendships were created; confidence grew as people became self-aware.

Students expressed enjoyment at the lack of pressure, the experimental nature of the work, working together and feeding on each other's thoughts and ideas.

In session three, we focused on public speaking, talking about the value of speaking from personal experience and how to do it safely then allowing students an hour to prepare a five minute presentation which they would present at the final session.

Social inclusion and social support within the group was a key part of the training's success and friendships went beyond the classroom:

People started working together. Friendships have been built out of the course. One of the most difficult things is to break the isolation that comes with mental health problems.

Reduced isolation and increased human connection with each other were expressed as being an important part of the training:

There was a feeling of not being alone; although people's experiences were totally different the sentiments that were being expressed were quite similar in terms of frustration, in terms of perceived isolation, and I felt sane, and I thought, oh, I'm not the only one. Which is quite something.

### ***Self belief, esteem, hope, recovery***

There is a realisation by the participating students that they could achieve and succeed on the course:

It was quite a shock to see people who live under the category, perceived or otherwise, of mental health [service users] actually achieve things that other people have done...it seems quite implausible to them to start with, but then it hits home to them that no one else did it, so, by default, it had to be them.

People were beginning to be able to believe in themselves and beginning to believe in the strengths that they had identified.

"It has transformed my perception of what education can be about and what teaching can be about. It can be a genuine process of discovery and learning in a much more organic way. It was a much more authentic [learning] experience than I had previously found. It has changed my perception of how I need to be myself in order to be a good teacher."

### **Conclusions remarks**

It is clear from the foregoing interviews that for the students (trainees) perceived the training intervention as successful because of students were involved in setting the 'ground rules', prefer and enjoy varied teaching methods, had the opportunity to

network socially and, more importantly, realised that by participating they could achieve and succeed on the course.

Similarly, from the review of literature, social inclusion and empowerment of people from particularly disadvantaged groups such as those recovering from severe mental illness and mental health service users in general remain a priority in the European social policy agenda. There is a justifiable choice of lifelong learning as a means for achieving the social inclusion at both national and European level. At the policy level, every European country has a legal framework for lifelong learning, which accords broadly with the Lisbon agenda of the European Union. However, there are differences between countries in the implementation of lifelong learning policy – differences that have a lot to do with the individual country's lifelong learning tradition/culture, resources, etc and also to do with the constructions of the meaning of lifelong learning. These differences are not unexpected as Member States were under obligation to implement the Lisbon policy agenda by taken into account their country's particular characteristics which may include culture and tradition of lifelong learning, and the availability, or absence of resources. All in all, across Europe, there is a common – perhaps shared universal – acknowledgement that lifelong learning is a useful tool for addressing the particular needs of mental health service users, a particularly disadvantaged group.

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#### Correspondence

Dr James Ogunleye  
IWBL Middlesex University  
United Kingdom  
J.Ogunleye@mdx.ac.uk