

Adult and Community Learning in England: A New Era for HRD in the Community?

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Increased policy emphasis on lifelong learning at the European level has been reflected in a drive to increase participation in learning in the UK, especially through Adult and Community Learning initiatives that take HRD beyond the workplace. Such an approach is important for promoting social inclusion since the unemployed are usually excluded from learning opportunities provided by employers. In 2001 a new framework was established for delivering Adult and Community Learning in England and this paper reports on the first evaluation of the perceived effectiveness of the new arrangements.

Keywords: Adult and Community Learning, Learning and Skills Council, Local Education Authorities

The research on which this paper is based (Winterton & Winterton 2003) was contracted by the UK Department for Education and Skills (DfES) to provide a baseline study of Adult and Community Learning (ACL) and explore the early impact of the new arrangements with the Learning and Skills Council (LSC), which assumed responsibility for all post-compulsory learning in England in April 2001. The UK Government sees ACL as facilitating wider participation of hard-to-reach learners, promoting social inclusion and community renewal, and developing the basic skills that individuals need to be active citizens and to engage in further development to enhance employability and quality of life. This is the first comprehensive study of ACL in England and was undertaken at an important juncture as the LSC took responsibility for ACL in conjunction with the Local Education Authorities (LEAs).

Theoretical Framework

The Secretary of State's remit letter to the Learning and Skills Council (DfEE 2000) describes ACL as a 'great heritage ... which developed in the 19th Century, when the pioneering efforts of the community movements helped many men and women to improve their lives through the power of learning.' The letter states the task of the LSC as being to build on this tradition to restore a culture of commitment to learning through working in partnership with others.

ACL is a narrower category than 'adult learning' in general. A succinct definition is elusive, but ACL takes place in a very wide range of settings; local authorities are major players; a strand of social action or regeneration is often present; much of the learning is non-vocational and non-accredited, though by no means unconcerned with the skills and employability of individuals; and this mode of learning is particularly suitable for outreach to disadvantaged people. ACL at its best takes the community aspect as central, and explicitly aims to play a central role in the efforts of communities to take control of their own destinies, as the report of the Policy Action Team on Skills, Skills for Neighbourhood Renewal (DfEE, 1999b) argued: 'Where learning really engages people's interests, it can have a pivotal role in helping communities to cohere, to identify what they have in common in terms of both needs and opportunities and to work together.'

Participation in ACL has significant benefits to individuals, communities and the economy. One survey of ACL participants revealed that despite largely social, recreational and self-developmental reasons for enrolment, a significant proportion also had practical and economic purposes in mind. Work on family learning showed that many of the adults moved into employment from these courses, and those in work progressed to more demanding jobs. Social and personal benefits are well documented, including health (Aldridge and Lavender 2000) and active ageing, self-esteem, communication skills, and improvements in family relationships. One of the most important benefits of ACL is that it provides a route back into more formal learning for individuals who would not otherwise participate. A further benefit is to cultural infrastructure involving imaginative approaches to learning in museums and arts centres, which enrich the learning experience for participants and raise interest in the arts within deprived communities.

Sources of information on adult participation in learning differ by reference period and by the defined scope of 'learning'. Surveys may take a snapshot of current participation or investigate all learning over an extended period such as three years. 'Learning' may be defined as formal taught provision only, but can also include self-directed and informal learning. Even broader conceptions of learning are current (Tight 1998a) according to which no adults are 'non-learners' since experiential learning is a daily phenomenon. However, a broadly consistent story of

polarisation is evident. As the House of Commons Education and Employment Committee (1999) points out, ‘a side-effect of the substantial improvement in participation during the last two decades has been to widen the gap between the educational “haves” and the “have-nots”.’ This polarisation is confirmed by the National Adult Learning Survey (NALS), National Institute of Adult Continuing Education (NIACE) surveys (Sargant *et al* 1997; Sargant 2000) and a wide range of analyses and independent studies (Field 1999; Gorard *et al* 1998; La Valle & Finch 1999; McGivney 2000; Yang 1998).

The first report of the National Advisory Group for Continuing Education and Lifelong Learning, NAGCELL (Fryer, 1997) identified a number of changes that made lifelong learning (and by implication ACL as one of its major components) an urgent priority:

- ◆ Economic globalisation, bringing about a shift in skill needs in the workplace;
- ◆ Demographic change, particularly in the age and sex profile of the workforce;
- ◆ New working practices such as team working and flatter management structures;
- ◆ A decline in unskilled employment;
- ◆ Greater need for key skills, at all levels;
- ◆ A need to recognise diversity and a range of cultures, with their associated needs for learning; and
- ◆ Shifts in traditional employment structures, which have often weakened communities and created a need for regeneration.

In recent writing on lifelong learning there is a predominant concern with ‘globalisation’, often addressed from a ‘human capital’ perspective focusing on economic competitiveness, possibly at the cost of curricular breadth according to critics (Bhola 1998; Ecclestone 1999; Forrester 1998; Giere 1994; Tight 1998b; Uden 1996). The two core purposes of adult learning – social learning and economic competitiveness – are rooted in the nineteenth century autodidactic working-class education tradition of organisations like the Plebs League. As W. E. Forster said in introducing the 1870 Education Bill in the Commons: ‘Uneducated labourers – and many of our labourers are utterly uneducated – are, for the most part, unskilled labourers, and if we leave our work-folk any longer unskilled...they will become over-matched in the competition of the world.’ (Fieldhouse 1996). Community cohesion also features prominently in the literature. Schuller (1998) argues that the postponement of working life has been mirrored by a *de facto* reduction in the retirement age. From a societal perspective, not only is human capital lost when older people are ejected from the labour force, but social capital is eroded as networks and connections are broken. A learning society requires different patterns of working, which would allow a better mix of work and education.

Such is the rationale for increased policy emphasis on ACL, and this paper seeks to explore the extent to which the new policy arrangements in England are perceived as appropriate to achieving these diverse ends, while at the same time undertaking a mapping exercise and exploring explanations for the patterns of participation in the provision offered by LEAs.

Research Questions

The following research questions were formulated in discussion with representatives of the DfES, the LSC and LEAs:

- ◆ What are the main features of the emerging ACL sector?
- ◆ What is the role of partnerships in developing and delivering ACL?
- ◆ What are the views on LEA provision from those most closely involved?
- ◆ What are the views of those most directly involved concerning the role of the LSC?
- ◆ What are the patterns of participation in ACL and how can they be explained?
- ◆ What is the rationale for ACL policy in the LEAs?
- ◆ How is quality of provision assured given the multi-player character of ACL?
- ◆ How is access and choice of provision guaranteed?
- ◆ How is coherence of provision assured given the multi-player nature of ACL?
- ◆ What is the perceived impact of Formula Funding on ACL provision?

Methodology

The research comprised a questionnaire, administered as a mail survey (with telephone prompts and option of email) of all 150 LEAs in January 2002, in-depth case studies in 15 LEAs undertaken between March and July 2002 and a consultation exercise with stakeholders and experts to validate the findings.

Completed questionnaires were obtained from all but three LEAs (Havering, Isles of Scilly and Torbay), a response rate of 98 per cent. The survey was designed as a baseline study to establish the mode of delivery of ACL, especially where there is a mixture of direct and contracted out provision, and to capture LEA perceptions as the new arrangements with the LSC came into effect. In combination with published statistics and information from Adult Learning Plans submitted by LEAs to the UK Government, the survey was also designed to identify a range of LEAs for in-depth study.

Fifteen in-depth case studies were conducted between March and July 2002 in LEAs selected to capture the diversity of ACL provision in terms of the following characteristics:

- ◆ Predominant form of contractual arrangement for delivery of ACL (5 LEAs from each of the 3 different groups of contractual arrangements: direct, contracted out and mixed).
- ◆ Socio-demographic environment as measured by LEA multiple deprivation index quintile (MDI derived at LEA level from the official MDI at ward level).
- ◆ Level of ACL activity (2 LEAs in each of the bands of ACL participation rates identified in the published statistics (i.e. < 1 per cent, 1-1.99 per cent, etc. up to 6 per cent and above), with three cases drawn from the modal participation band (2-2.99 per cent).
- ◆ Trajectory of ACL provision (capturing increasing, decreasing and constant level of provision).

The characteristics of the final list of LEAs selected for detailed study are shown in Table 1 and are identified by a code made up of the delivery mode and MDI quintile to preserve anonymity and confidentiality.

Table 1. *Characteristics of LEAs Selected for Detailed Study*

LEA reference	delivery mode	MDI quintile	participation (per cent)	trajectory
D1	direct	1	2-2.99	constant
D2	direct	2	3-3.99	decreasing
D3	direct	3	4-4.99	increasing
D4	direct	4	1-1.99	constant
D5	direct	5	5-5.99	fluctuating
M1	mixed	1	2-2.99	constant
M2	mixed	2	2-2.99	constant
M3	mixed	3	2-2.99	small increase
M4	mixed	4	0-0.99	constant
M5	mixed	5	0-0.99	-
O1	out	1	6 and above	constant
O2	out	2	0-0.99	constant
O3	out	3	2-2.99	constant
O4	out	4	0-0.99	decreasing
O5	out	5	1-1.99	constant

Sources: Survey of LEAs (2002); Multiple Deprivation Index 2000; SFR (AE1 data) for 1998, 1999, 2000.

Results and Findings

Findings from the research are summarised below under the ten areas relating to the research questions established above:

- ◆ The emerging ACL sector
- ◆ Views on LEA provision
- ◆ Views on LSC role
- ◆ Participation in ACL
- ◆ Rationale
- ◆ Quality
- ◆ Access
- ◆ Coherence
- ◆ Impact of Formula Funding

The Emerging ACL Sector

The study provides a comprehensive picture of the emerging ACL sector in England. The survey confirmed that ACL is delivered in three different ways: direct delivery; contracted out; and a mixture of the two. For the 143 LEAs where such information was provided and unambiguous, 50 per cent reported that they secure ACL services entirely through direct provision, 27 per cent entirely through contracted out provision and 23 per cent through a combination of direct delivery and contracted out ('mixed', defined as less than 85 per cent provided through one of these routes). Taking a more liberal definition of 'mixed' (where there is any combination of direct and contracted out delivery) this category increases to 47 per cent.

Among the direct delivery authorities, the main advantages are control, coherence and QA. The main disadvantage is the weakness of community and voluntary delivery. The main attractions of the mixed delivery mode are ability to respond to local needs, flexibility and value for money, while the disadvantages are inadequate control, insufficient consistency and lack of coherence. In the outsourcing authorities, the main advantages are enabling the LEA to have a more strategic role, avoiding competition with providers and cost effectiveness, while the disadvantages are lack of control, inadequate information from providers, insufficient targeting of community needs and (in contradiction to the above) higher cost of cost of provision.

Partnerships

Irrespective of the mode of delivery or extent of local deprivation, all the authorities studied were involved in extensive partnerships, with both external and internal partners, for the delivery of ACL. Most LEAs work with other authority departments in delivering ACL, such as schools, community colleges, youth offending and youth and community teams, community development and neighbourhood renewal departments, local economic development and regeneration departments, Libraries, Museums and Music Services.

The quality of the relationships established with partners inevitably varies both between authorities and between partners within the same authority. The case studies suggest the quality of partnerships is unrelated to delivery mode, extent of local deprivation or participation rates, but is rather a function of the relationships established with individuals. However, the range of partners was less impressive in the outsourcing authorities, which tended to devolve the bulk of activity to relatively few providers.

Views on LEA Provision

In the survey, those responsible for ACL were mostly optimistic about the extent to which their LEAs are committed to developing appropriate provision and providing the necessary support. Over two-thirds of respondents felt their LEA monitors participation in learning of target groups; provides HRD to equip LEA staff with the competence to secure ACL; and demonstrates understanding of the roles of the LSC and DfES regarding ACL provision. Only a minority of respondents were positive about their LEA's Information Advice and Guidance, although there has been significant investment in this area since the survey.

In the case study authorities, perceptions of LEA support for ACL were more varied with a high degree of concordance between respondents in each case. Where authorities were showing real commitment to ACL and matching this commitment with financial support, all respondents recognised this. A number of authorities appeared to have increased their commitment to, and support for, ACL with the advent of the new arrangements for ACL. Those LEAs that have traditionally shown a major commitment to ACL were continuing to do so and others demonstrated enthusiasm to put in place new structures and processes to expand ACL, especially in the direct delivery and mixed delivery authorities. Notwithstanding these encouraging signs of improvement, in half of the cases, those involved believed there to be little real commitment to ACL, which was viewed as under-resourced and a poor relation to schools.

Views on LSC Role

In the survey, LEA respondents were more uncertain about LSC activity in relation to ACL since the new arrangements for ACL were only just in place. Nevertheless, positive views on the LSC role heavily outweighed negative ones: 74 per cent thought that communication between the LSC and LEA was effective; 68 per cent that the LSC was promoting partnership working; 61 per cent that the LSC had a clear view of priority target groups; 58 per cent that the LSC had provided adequate support in preparing their ALP for 2002/2003; and 53 per cent that the LSC was having a positive influence on strategic planning of ACL.

In the case studies, views on LSC capacity and relations were less clear cut; those interviewed acknowledged LSC effectiveness and enthusiasm in some areas and lack of understanding in others. The main criticisms were lack of understanding of ACL by LSC staff and the bureaucracy associated with LSC activity. Most authorities reported similar concerns over capital funding: purpose-built premises were needed to take ACL into the community and existing premises needed funding to be made compliant with the *Disability Discrimination Act*. Since the study there has been major investment to meet the latter need.

Participation in ACL

Gauging penetration of ACL services in the local adult population from official statistics is notoriously difficult, with official statistics expressing enrolments for each LEA as a percentage of the total adult population for the 19-59 age group, rather than headcount per head of population, and some learners may be enrolled on several courses. Participation rates for November 2001 varied across LEAs: most were in the range 1-4.99 per cent, but twelve LEAs had participation rates of 5 per cent and over.

ACL participation falls with increasing deprivation (MDI): among the 30 LEAs in the lowest deprivation quintile, six have participation rates under 1 per cent. However, of the seven LEAs in the top participation band (6 per cent and above), one is in the second to highest deprivation quintile. In the participation band 5-5.99 per cent, one of the five LEAs is in the second to highest deprivation quintile. Similarly, relative affluence is not universally associated with high levels of participation in ACL. Most respondents challenged the official statistics and offered different perceptions of actual participation rates.

Rationale

The rationale for ACL is a function of wider agendas of LEAs and councils, such as promoting neighbourhood renewal and improving the local economy. All LEAs gave details of activities conducted to analyse needs, such as postcode analysis and community profiling using census data, but many acknowledged the difficulties and the lack of systematic plans to meet the needs of target groups.

Notwithstanding local priorities, the case studies show a broad consensus concerning target groups, but exhibit significant differences in the degree of sophistication and detail, with the outsourcing authorities having much less well developed mechanisms. No significant differences were apparent in terms of extent of local deprivation or level of participation in ACL. Specific curricula have been developed to attract certain target groups, mostly relating to basic skills in combination with other subjects.

Quality

LEAs employ a wide range of processes to achieve improvements in the quality of ACL provision and some are developing coherent Quality Assurance systems for all Adult Education.

Direct deliverers were perceived as having the strongest QA systems, although LSC respondents felt that there was room for improvement. LSC respondents working with mixed delivery LEAs had contrasting views about their QA standards, while LSC respondents for outsourcing authorities thought QA was significantly underdeveloped. However, many LEAs sub-contracting their ACL work had procedures for monitoring and assessing quality. There was wide variation in the proportion of staff with ACL qualifications in the LEAs studied and some authorities were unable to supply details of staff qualifications. Many LEAs had chosen to develop staff expertise as a way of improving quality standards but even where financial support is offered to tutors, take-up of development is not guaranteed.

Access

Social inclusion is central to the UK Government's agenda for ACL and forms the rationale for widening, as opposed to deepening, participation in learning. Two target groups for WP are people with additional learning difficulties or disabilities and men in different age bands. Half of all LEAs have an enrolment rate of 20-25 per cent for men aged between 19 and 55 and less than one LEA in fifteen has an enrolment rate of over 30 per cent for this group. In addition to these required groupings, many LEAs target other groups with particular needs, such as older adults, those in need of basic skills, black and ethnic minority groups.

In the case studies, respondents described learner support provided, which included general financial support, concessionary fees, travel costs and child care. Some LEAs were unable to supply details of retention rates and three simply referred to attendance rates. Several authorities reported difficulties in facilitating progression and in the majority there was no systematic and coherent tracking of ACL learners.

Coherence

Respondents were divided between and within case authorities as to whether information was shared between providers in their LEA and whether there were gaps in existing provision, but the majority reported overlap and duplication. The achievement of coherence in ACL delivery is an area where there are still significant problems to be addressed since competition between providers is rife. Some respondents believed the LSC should be developing coherence, and all emphasised the role of partnership working.

Apart from two of the outsourcing authorities all those studied were members of formal Local Learning Partnerships (LLPs), enabling them to develop a coherent approach with providers. Direct delivery authorities appear to be more implicated in LLPs than outsourcing authorities, suggesting that those authorities more directly engaged with ACL recognise the need to work in partnership to meet community needs. The limitation of partnership, especially when established to secure funding, was a common theme. Mixed delivery authorities

reported more problems with partnerships, which may be the result of the complexity of this delivery mode and competition between the LEA and external providers.

Impact of Formula Funding

Respondents in the case study LEAs reported a number of perceived challenges to ACL provision in the move to Formula Funding (FF). In general, there were reservations concerning the impact of FF on resources and costs, as well as the difficulties and costs of data collection. In most authorities, respondents were pessimistic about ACL under FF expressing concern over reduced funding and increased costs.

Respondents feared the direct impact of FF on WP, attracting hard-to-reach learners and learning for personal interest, especially given the higher costs of WP and outreach work and moves to charge full costs for 'recreational courses'. There was concern over retention and achievement targets with WP, Basic Skills and learning for personal interest, and the difficulty of maintaining small classes under FF. The move to FF was almost universally seen as forcing choices in the targeting of resources, with a risk of reducing flexibility and damaging high cost provision. Discussions over the impact of FF revealed tensions between the economic and social objectives of Lifelong Learning (LLL), reflected also in differences between vocational learning and learning for personal interest.

Conclusions and Recommendations

The complexity of the ACL sector and the different approaches adopted by LEAs to secure ACL provision reflect differences in local socio-economic environments as well as LEA traditions. The fact that different approaches have been adopted by those closest to ACL should be respected and the temptation to prescribe 'one size fits all' solutions resisted. The development of national frameworks has brought ACL to centre stage and while this should help maximise the impact of resources, it is important to retain the richness and diversity of provision.

There are advantages and disadvantages with each contracting approach; direct delivery offering better data collection and QA, but outsourcing offering more opportunity to engage with groups closest to the communities of learners being targeted. A mixed approach has the potential to combine the advantages of both but requires good LEA coordination and partnership working. Therefore, direct delivery LEAs should be encouraged to diversify delivery and engage with CVOs, while mixed and outsourcing LEAs should seek to undertake more systematic needs analysis, secure adequate provision and develop more coherence in delivery.

Many LEAs have made enormous progress with ACL. However, to deliver the necessary volume and quality of ACL all LEAs should give this higher priority and secure and commit resources, including SD and capital funding to raise internal competence and establish appropriate venues to offer better provision. The local arms of the LSC have established good communication channels and demonstrated commitment to supporting LEAs in preparing ALPs, introducing Individual Learner Records and moving towards FF. However, the LSC needs to develop more internal competence with ACL and, notwithstanding the need for better information on ACL activity, should seek to streamline procedures.

Patterns of participation in ACL reveal significant variations in the level of provision and uptake of learning opportunities. While geography is an important factor in targeting groups for WP, it is important to focus below LEA level and develop effective mechanisms to support a learner-centred approach. A general lack of accurate data is a problem for the LSC, DfES and the LEAs. This needs to be addressed to provide a picture of the pattern of provision and establish performance parameters. The level of ACL activity recorded in some areas raises questions of the validity of the statistics. In these circumstances it is difficult for the LSC to establish a base figure from which to calculate future performance. The LSC needs more information, and more accurate information, particularly on retention and achievement rates. To this end, LEAs should introduce MIS that are fit for purpose in collaboration with the LSC.

There are variations in the quality of ACL provision both within and between authorities. While many LEAs have made progress towards effective QA systems, more needs to be done, especially in relation to provision that is outsourced. All LEAs need to put in place comprehensive QA systems and develop SD for tutors and others involved in ACL, ideally in collaboration with the LSC. Similarly, the coherence of ACL varies between LEAs and needs to be given higher priority. In the cases studied, where effective LLPs were established there were signs of improvement and these should play an increased role in ACL development to avoid duplication and identify gaps in provision. The work of LLPs would be greatly enhanced by improving the quality of statistical information on ACL and by increasing transparency between providers.

The very groups that are targeted in the WP and social inclusion agenda are those for whom provision is most expensive as a result of outreach and small class sizes. Equally, retention and progression are most problematic with such target groups. If the social inclusion objectives are to be met, it is important that the application of formula funding is sufficiently flexible to promote this vital work. ACL contributes substantial wider benefits of learning,

such as health and social impacts, including active ageing and citizenship. These benefits should be acknowledged irrespective of the extent to which ACL may lead to vocational learning and promote employability.

Contribution to New Knowledge in HRD

The research was designed to meet the immediate needs of the DfES, the LSC and the LEAs in England, providing them with early feedback on the effectiveness of the new arrangements for ACL. In so doing, the research contributed to new knowledge in HRD in relation to methodology and, especially, substantive empirical knowledge of relevance to practitioners.

In methodological terms, the research developed a new index of deprivation at LEA level, making it possible to explore the effect of relative prosperity and mode of delivery of ACL on the nature of provision. By combining a comprehensive survey with in-depth case studies, it was possible to obtain an aggregate overview as well as detailed explanations of the perspectives of those closest to ACL.

In empirical terms, this study provides the first comprehensive picture of the emerging ACL sector in England and demonstrates the role of the wider community in developing human resources as well as the nature of the challenge of creating coherence in provision.

Given the importance of social inclusion in the European lifelong learning agenda, and the particular basic skills deficit in the UK, the evidence suggests that HRD practice needs to move beyond the workplace to address the needs of those with low skills, especially when they are currently out of the labour market. To the extent that HRD practitioners engage with this debate and contribute their expertise to provide better ACL, the possibilities for a 'joined up' approach to learning and development are immense. The benefits to the unemployed are self evident, since labour market participation is the most important single factor combating poverty and social exclusion. Equally for employers and HRD professionals, developing basic skills among would-be employees offers the benefit of concentrating HRD initiatives in the workplace on intermediate and higher-level skills. Beyond these economic objectives, the benefits of ACL in terms of health of the elderly, for example, also demonstrates the social importance of HRD in the widest possible sense and offers a vision of lifelong learning to develop human potential and foster societal cohesion.

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