
HEALTHY WAY TO LEARN IT

BIRMINGHAM

Timeline

Timeframe: The project was developed and piloted April 2008 to June 2009. Saathi House continued to hold weekly sessions during 2010.

Background

'Healthy way to learn IT' aimed to teach people of Asian origin pre-entry level English and receive advice about diabetes at the same time. This was achieved through a computer-based lesson for participants to use at home, supported by a mentor from a community organisation.

The deprived, inner-city area of Ashton in Birmingham is a very ethnically diverse, with 70.6% of its residents coming from an ethnic minority (29.6% for the rest of the city of Birmingham). For many of the residents, English is not their first language. Over 33% (36.9%) of the population was born outside the UK. The largest ethnic group (49.8%) is of Asian decent, particularly Pakistani origin.

One of the main challenges facing the city authorities was the need to improve health education, especially how to prevent and control diabetes. Research by the UK Department of Health showed that people of Bangladeshi and Pakistani origin were nearly six times more likely to develop diabetes than the general population. (Indians were three times more likely to be diabetic).

The 'Healthy Way to Learn IT' project was developed as part of a major regeneration programme called "Aston Pride New Deal for Communities". This programme lasted ten years, from 2001-2010. Investments of up to £54m were made in Aston through several policy areas such as employment, education, health, community safety and ICT (Internet and Communications Technology).

The Aston Pride ICT project has been responsible for numerous initiatives to overcome digital exclusion and build ICT skills over the years. One example is the 'Computers in the Home' project where pupils from deprived families received subsidised computers for their homes. This gave families the chance to learn and improve their computer skills; benefit from easier access to on-line resources and facilitated school work for children. The experience and success of this project made Aston the ideal place to implement the 'Healthy way to learn IT' project as good relationships were already established with community organisations and schools. As many households had received computers through 'Computers in the Home', they were able to participate in 'Healthy way to learn IT'.

The project is part of the national Digital Challenge group [DC10plus](#) which is a collaborative network of over 3,000 members, many of them from local authorities in England. The network looks at how to further social inclusion through the use of technology and shares best practices.

What are the overall goals and specific objectives of the project?

The objectives of the project were to improve basic English language skills and understanding of diabetes in the Asian community. To this end, the project developed a digital solution that would help overcome disadvantages such as being housebound, and

increase the participants' ability to use ICT for their needs.

Who is responsible for the project's implementation?

Digital Birmingham (a section of Birmingham City Council) was responsible for developing and implementing the pilot project. They worked closely together with the Aston Pride ICT project (delivered by Link2ICT Service Birmingham on behalf of Birmingham City Council) and Saathi House. [Saathi House](#) (registered charity no 1135026) is a voluntary organisation with the aim to support and empower (predominantly Asian) women and children in health, education and employment.

How does the project work?

During the pilot phase, 17 Asian women received the CD-ROM and were mentored by Saathi House.

A lesson in simple English about diabetes was developed in Mediator 9.0 software. It contains a number of dialogue scenes, for example husband and wife talking about diabetes symptoms or talking with a medical professional. Each scene presents a written dialogue with audio to improve listening and reading skills. This is followed by interactive comprehension questions. The software was put onto a CD-ROM for people to use at home on their own computer.

To encourage people that have very little understanding of English to use the CD-ROM, the introduction is available as audio in Urdu and Bengali, the two most prevalent community languages. It explains what learning content the lesson covers and leads to a chapter overview. Here the text is in English but the chapter titles are available in Urdu and Bengali audio. Once the learner clicks on a chapter to start to start the dialogue, text and audio are in English, only work instructions are still translated. The translations were done by members of the community.

Three Saathi House staff members became mentors to the participants. The mentors were fluent in at least one community language. Three learning groups were established. Two groups of five and six participants received mentoring support during the project. The other six participants were given the CD-ROM and asked to learn on their own. Participants were also given basic ICT training to ensure they could operate the software.

The innovative aspect of this is that the CD-ROM contains a role-play that the participants can relate to. The main two characters are a married couple called Hussein and Shazia. The software has been developed around the health discussion between husband and wife, along with their family Doctor Gill and Shazia's best friend Parveen.

What are the results of the project (so far)?

ICT outputs:

- All clients had a PC at home but only 40% actually knew how to use it. As a result of this project, all clients can now turn on the PC and load the CD-ROM with 81% saying they feel more confident with ICT. In addition, 15 out of 17 learners have now enrolled on an entry level ICT course.
- All clients would be interested in using similar media to learn about other health topics and recommend this CD to others.

Diabetes outputs:

- Approximately 88% of clients either had the disease or knew a close relative who

had diabetes.

- Since the training, 91% of clients have passed on what they have learned about diabetes to others in the community.

Client responses to actions they would take as result of the training:

- 59% decided to eat more healthily
- 35% had a diabetes check with a doctor
- 82% decided to exercise more (25% have now enrolled in community fitness classes).

English Language outputs:

- 94% now feel more confident about speaking or reading English.
- 100% of clients stated that they would like to continue with further English language learning.

In addition, a snowball effect has happened. Due to the participants talking to friends, extended family and neighbours about their learning, Saathi House has seen increased numbers in fitness and healthy eating courses.

In this [video](#), some of the participants and project workers discuss their learning experiences.

Was the project evaluated and were there any follow-up activities?

The project conducted [a short survey](#) asking participants about their learning experience, referring to their language learning, ICT learning, general motivation and experience of the software. Feedback showed that participants have gained confidence generally, enabling them to approach people in the community that they didn't know before and practice their English.

The awareness of diabetes has improved.

It clearly shows the value given to the mentoring (as opposed to learning on your own) at pre-entry level.

Feedback on the software is being considered to develop an improved version.

Saathi House continues to offer a course based on the CD-ROM. Another group of 12 participants has been learning about Diabetes during 2010. The project has been showcased at national conferences and to the Birmingham Health providers with the aim to further develop the resource (web-based version, other health topics) and make available to other organisations.

What lessons did you learn?

No off-the-shelf software existed for the projects' purposes. The interest from both the English language and the health professionals shows the need for purpose built lessons for pre-entry level teaching.

More time than anticipated went into developing the software. The idea that it could be possible to easily develop more lessons for sought-after topics e.g. by community groups and adult education teachers is not realistic.

The project was made possible through involvement of an accepted community organisation.

Subject-related learning facilitated the language learning.

How is the project funded and what resources (financial and human) are dedicated to its delivery?

The pilot project was grant funded by the Department for Communities and Local Government as part of the DC10plus group. The budget of £14,000 was used to develop the software and recruit the mentors. The project management and other skills input totalling around 200 hours was undertaken by existing staff - this is therefore not included in the cost. After the successful pilot phase this project has become a regular service delivered by Saathi House with existing resources.

Delivery staff were:

1 part time project manager;

1 educationalist for 15 days software/lesson development;

1 adult education teacher for 1 day lesson development;

3 mentors in Saathi House;

2 volunteers.

Who is the contact officer for the project?

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More info:

<http://www.digitalbirmingham.co.uk/projects/healthy-way-to-learn-it>

<http://www.dc10plus.net/projects/Project11158>

If you have an example of a good practice that you would like to include in the database, please send an email to caroline.greene@eurocities.eu.