



# Monitoring and Evaluation Report

# 2014

## **Executive summary**

### **The Study:**

This Monitoring and Evaluation study is an independent evaluation of Learn English at Home (LEAH)'s current service provision, undertaken by an external consultant between February – June 2014. It is a consultation with LEAH's clients, which aims to evaluate the impact of LEAH's work, its continued relevance to its beneficiaries, and key areas for learning and improvement, through the collection and analysis of large scale quantitative data and in-depth qualitative data.

LEAH aims to support those residents of Kingston on Thames and Richmond upon Thames from ethnic minority backgrounds who have English as an additional language. LEAH helps and supports clients to attain the level of English needed to communicate their everyday needs and empowers them to become more confident and independent, and to overcome isolation and integrate into the local community. LEAH's services are delivered across Kingston and Richmond and include the following:

- Volunteer-based one to one (1:1) intervention in the clients' home
- Volunteer-based group conversation skills classes (referred to as Community Classes)
- Practitioner led group health courses

### **The Findings**

The study revealed that LEAH's main client group is women aged 20-40 who need help learning English. The majority have children aged 11 and under. This highlights the particular needs which women with young children are likely to have when accessing English language provision, including childcare requirements, and the need for classes which are suitable for those who have very low levels of English, who are illiterate in their own language, or who have little prior experience of education.

The study also revealed that the majority of LEAH's clients suffer from some form of isolation, and that many have little or no local support network. It is also notable that clients suffering from one form of isolation were also more likely to suffer from others– for example, those who reported that they never visit relatives were more likely to also report that they never visit friends or speak to their neighbours.

Most clients reported that their only friends are those who speak the same language as them, which leaves them with little opportunity to practice English, to socialise with English people, or to talk to others who can share information on local services, practices and customs. English language acquisition offers clients a means to overcome isolation through improved English language skills, increased confidence, and greater knowledge of local services and of participation within them.

### **Key Successes**

98% of clients reported that studying with LEAH has helped them improve at least one skill a lot or a little – a key LEAH objective - and a high proportion (74%) report that studying with LEAH has helped them to improve all four skills. Significantly, clients who have studied with LEAH for more than 1 year report greater improvements in all four English language skills than those who have studied for less than 1 year.

Clients reported increased confidence using English, and increased frequency in their use of the language in everyday life following LEAH's intervention. They reported using English in shops on a weekly basis, to ask for directions, or to buy train tickets in English. They also had increased knowledge of local services, and increased participation in local activities, and had formed new friendships through studying with LEAH - all of which were supporting further opportunities to practice English and to overcome isolation.

## **Conclusions and Recommendations**

The study revealed that a number of LEAH clients feel they have lower levels of ability in reading and writing than in speaking and listening, with much of the current service provision placing greater emphasis on communicative speaking and listening skills. In response to this, LEAH is exploring the possibility of offering a low level literacy class as an additional service for those clients who would like to improve their reading and writing.

The study also showed the considerable role LEAH's volunteer tutors have in raising clients' awareness of local services. LEAH plans to further embed this aspect of its service provision moving forwards, and to provide opportunities to monitor this more closely through the use of practical indicators used on an on-going basis to capture accurate information on clients' use of local services.

Finally, the study also revealed that all LEAH clients benefit considerably from the access to greater opportunities to practice English which studying with LEAH allows them. By mapping a progression pathway or set of 'stepping stones' to meet the needs of each individual client, LEAH hopes to ensure that clients have access to opportunities which are right for them. For example, a volunteer tutor could support a client who is coming to the end of their 1:1 home-based service provision by accompanying them to Community Classes or other locally provided English classes for a number of weeks before the client's 1:1 lessons finish. In this manner, LEAH can support their clients to continue to gain access to opportunities to practice English and to transition more easily from one type of service provision to others as their needs and requirements develop.

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## 1. Introduction

### 1.1 Organisational context and background

Learn English at Home is a local and independent registered charity, supporting residents of Kingston on Thames and Richmond upon Thames from ethnic minority backgrounds who have English as an additional language. LEAH helps and supports clients to attain the level of English needed to communicate their everyday needs and empowers them to become more confident and independent. Services are delivered across Kingston and Richmond and include the following:

- Volunteer based one to one intervention in the clients home
- Volunteer based group conversation skills classes
- Practitioner led group health courses

LEAH was formed in 1982. It currently works with over 500 clients and has over 100 volunteer tutors working across Kingston and Richmond and supporting all of LEAH’s service and activities.

Although neighbouring boroughs, the populations of Kingston and Richmond differ a great deal. Their needs and opportunities therefore also differ, and the services LEAH offers in each borough reflects these differences.

#### 1.1.1 Kingston on Thames

According to a recent Language Needs Indicator report from RBK (2014), the 2011 Census showed that 2.1% of the Kingston population could not speak English well, and 0.3% could not speak it at all. The main languages spoken in Kingston other than English were Korean and Tamil (each at 1.7% of the borough’s population), reflecting the large North and South Korean and Tamil Sri Lankan populations present in the borough. Polish and Arabic were the next largest groups, at 1.3% and 1% of the population respectively, followed by a range of other European and non-European languages.

The 2011 Census also showed that almost 27% of the Kingston population were born outside the UK – close to double the statistic for the national population. These statistics are also reflected by the biannual School Census taken of Kingston’s state schools, which shows that in 2012 30.5% of pupils attending school in Kingston did not speak English as their main language.

In Kingston, the proportion of the population who speak English as an additional language are located throughout the borough. Service provision reflects this, with Community Classes and Health Courses taking place in multiple locations to enable students from different parts of the borough to access them easily. In addition, 1:1 service provision takes place across the borough in students’ homes.

### **1.1.2 Richmond upon Thames**

In Richmond, the 2011 Census borough profile is quite different (Analysts Group of the London Borough of Richmond upon Thames, 2013). In 13.7% of households in Richmond, none of the members spoke English as their main language. Almost a quarter (24.29%) of the Richmond population were born outside the UK, and almost 5% of these were born outside Europe – a considerably higher figure than that for Outer London as a whole. However, unlike in Kingston, where the Census data shows need to be fairly evenly distributed throughout the borough, in Richmond there are a number of small pockets of need, while the borough for the most part is more homogeneous and also more affluent. LEAH service provision in Richmond is therefore focused more on providing 1:1 home-based support within these pockets of need.

## **1.2 Organisational aims and objectives**

LEAH provides support to those who are isolated and marginalised through their inability to speak English. The charity offers free to end user, home-based, one-to-one (1:1) ESOL (English for Speakers of Other Languages) tuition to those who live in the London boroughs of Kingston and Richmond. LEAH supports clients who are excluded from mainstream adult education due to:

- low level English;
- ill health;
- lack of affordable childcare;
- stringent eligibility criteria for local authority classes;
- being unprepared for formal, exam based courses.

In addition to home-based learning, LEAH also offer enhanced learning opportunities for clients through a programme of Community Classes, specialised Health Courses and other group activities. These all have the multiple aims of enhancing English language skills, alleviating loneliness, and enabling clients to take greater control of their lives.

A model similar to LEAH's is described by a recent GLA report entitled 'English Language For All' (2012), which explores innovative ways to provide English language learning to those who are not able to access mainstream English classes. Those groups mentioned in the report as potentially vulnerable to exclusions from English language learning represent many of LEAH's main client groups: women - especially those with childcare responsibilities; learners with very low levels of language and literacy; and learners in low paid work and their families (for example dependent spouses). The study explores a model it describes as "the use of volunteer friends to supplement the work of more formal ESOL learning classes by facilitating English language practice opportunities on a one-to-one basis" (:3). As the report describes: "This model is particularly valuable for those who are unable to access other educational services, such as ... women who wish to learn in their own homes" (:16) – LEAH's main client group.

LEAH has seven key organisational aims around which all of its activities are organised. These are:

1. Improve English language skills
2. Improve confidence
3. Improve well-being

4. Reduce isolation
5. Improve knowledge of local services
6. Improve participation /integration
7. To enable clients to make informed choices that benefit the whole family

LEAH aims to enable clients to play an active role in British life and society through utilising the English language skills they have gained through LEAH.

### **1.5 Purpose of study**

As part of LEAH's ongoing strategic ambition, an organisational M&E framework has been developed which identifies LEAH's intended impact, and the specific outcomes through which this will be achieved. These planned outcomes include improved English language skills; increased confidence to interact with other people; and improved participation in local activities. For each outcome there are a number of indicators through which their achievement can be measured. For example, to measure improved participation in local activities, the number of activities a client takes part in outside the home has been identified as the key indicator, and this will be monitored through a client's initial assessment, updates from their volunteer tutor, attendance at LEAH activities such as Health Courses, and data from their regular placement review. Similarly, improvements in English language will be measured through the indicator of whether clients can show improvement in at least one skill, again as monitored through their initial assessment and regular placement review.

This in-depth M&E study complements the existing data collection currently taking place in regular LEAH activities. It takes the form of a consultation with LEAH's key stakeholder – its clients – through the collection of large scale quantitative data and in-depth qualitative data. Through consulting LEAH clients, the study explores the impact of LEAH's work, its continued relevance to its beneficiaries, and any key areas for learning and improvement.

The objectives of the study are as follows:

1. To evaluate the impact of LEAH's service delivery against the seven specific organisational aims as detailed in LEAH's M&E framework.
2. To evaluate the impact of each project against the organisational aims.
3. To evaluate the continued relevance of LEAH's services through a consultation with current LEAH clients from each project.
4. To identify areas of learning and improvement through analysis of quantitative and qualitative data collected from clients.

The findings of the study will be presented for each for the organisational aims, and with analysis at both organisational and project specific levels. Throughout the report there are also a small number of case studies of LEAH clients, which are written from data from those clients who took part in both the qualitative and quantitative data collection. These aim to provide a more holistic view of the data. Names of clients and volunteers in case studies have been changed for anonymity.

## **2. Methodology**

This study makes use of a mixed methodology to allow data to be analysed thoroughly and with a scope which is both broad and deep. Both qualitative and quantitative data has been collected to allow triangulation of data and a comprehensive understanding of the needs of LEAH clients.

### **2.1 Instrument development**

Two data collection instruments have been developed using an instrument specification and analysis framework. These are:

1. A quantitative questionnaire for LEAH clients to capture self-reported attitudes and practices;
2. A semi-structured interview schedule for LEAH clients for a fuller understanding of attitudes, behaviour and perceptions of LEAH clients.

Both data collection instruments were developed in multiple stages to allow feedback from the LEAH team to be incorporated at each stage.

### **2.2 Sampling**

It was intended that quantitative data collection would be completed by large a sample of current LEAH clients as possible. In total, 76 respondents from 1:1 and Community Classes completed the questionnaire, representing 69% of registered 1:1 clients and 21% of registered Community Class clients. The decision to collect data from as many clients as possible was based on the need for a sample large enough to allow analysis of data to provide meaningful descriptive statistics which can be generalised across the entire beneficiary population.

The semi-structured interviews were undertaken with a purposive sample of approximately 6% of LEAH clients – 13 in total. The sample was purposively selected to:

1. Ensure sample covered clients with a range of:
  - a. Country of origin
  - b. Language
  - c. With LEAH for different length of time
  - d. Different reasons for needing LEAH services
  - e. Gender (if applicable)
  - f. Age
2. Ensure that close to 10% of each target population (1:1 Classes in Kingston and Richmond, Community Classes, Health Courses) was covered (slightly fewer for Community Classes, where there are a very large number of students registered for the service);
3. Ensure that respondents had a high enough level of spoken English to enable them to understand and respond to simple questions.

### **2.3 Data collection**

As described above, quantitative data was collected using a self-reporting questionnaire which was distributed approximately 100% of LEAH clients. Possible methods for undertaking data collection were discussed with the LEAH team, and it was determined that the method likely to yield the highest number of respondents was to distribute the questionnaire to LEAH's volunteer tutors and ask them to take them to their clients and then take responsibility for returning the completed

questionnaires to LEAH. Those clients attending Health Courses and Community Classes were asked to complete the questionnaires whilst at the class and to return them before leaving. Both of these methods meant that LEAH volunteer tutors were on hand to provide the clients with assistance with the questionnaires if required.

It is understood that making use of LEAH volunteer tutors to collect data on clients' attitudes towards LEAH is a potential limitation of the study. However, based on the experience and recommendation of the LEAH team, it was felt that alternate methods where clients would be responsible for completing the questionnaires and returning them to LEAH themselves were likely to yield a much lower response rate.

Qualitative data collection was undertaken using a semi-structured interview with a purposive sample of around 6% of LEAH clients, as described above. Interviews were undertaken by LEAH team members who the clients knew and were therefore comfortable with, and took place in a venue which was most appropriate for the needs of each individual client: the client's home; the Community Class venue; the Health Course venue. It is recognised that the fact that the interviews were undertaken by LEAH staff is another possible limitation of the study. However, it was felt that the benefits accorded by this method – for example, that clients knew the interviewer, were comfortable with them and therefore less nervous about the interview, and also that the LEAH team members are very experienced in working with people with lower levels of English and therefore adept at collecting information from them – outweighed the potential disadvantages.

### **Case Study 1: Reba**

*Reba is 29 and is from Bangladesh. She has been taking part in LEAH's one-to-one home-based classes for 4 months. Reba was referred to LEAH as she is new to the area, and her support worker was concerned that she was at risk of isolation as she is a single parent. Her son, who is five, is autistic, and her main aim is to improve her English so she is able to speak to all of the health and education professionals who interact with him on a regular basis.*

*Reba's son attends a specialist school some distance from the home, and she struggles to complete all of her day-to-day tasks such as shopping, studying and learning to drive while he is at school so she can be home with him when he returns from school. She is glad to have a one-to-one volunteer tutor who visits her at home as this means she can learn English in the time she has available while her son is at school. Reba particularly enjoys it when her volunteer tutor, Anna, takes her outside the home for practical, hands-on English lessons such as ordering drinks in a café, as once she has practised an activity with Anna she feels more able to do it on her own.*

*Reba has recently become a single parent following the breakdown of her marriage. She was unused to using English in everyday life, as previously her husband had dealt with things like completing forms, speaking to people on the telephone and talking to the professionals who provide support for their son. With support from Anna and LEAH, Reba is now gaining confidence in speaking English and completing forms in English, and has said that she is no longer nervous about these things.*

*Reba is quite isolated as she is new to the area. She has no friends locally, although she does have some relatives nearby. She also speaks to her mum in Bangladesh everyday on the phone and feels this is her most important source of support. She is learning to drive as she needs to be able to take her son to various appointments, some of which are hard to reach on the bus. Her driving instructor speaks Bengali to her, but she knows her test will be in English so she would like him to speak English in some lessons. Reba's volunteer tutor Anna is going to help her join the local library, and has also been providing her with information on other local services like hospitals. If she wanted to know more about other local services, Reba would ask Anna, or look on the internet.*

*Reba is happy with her life now and feels that both she and her son are much more settled. She would like LEAH to have more parties so she can meet other people and hear music.*

## 2.4 Data analysis

Data has been analysed according to LEAH's seven organisational aims – English language skills, confidence, wellbeing, isolation, knowledge of local services, participation and integration, and informed choices. Data was analysed for all respondents initially, and the data set was subsequently split into three parts to allow analysis by which of the LEAH projects clients make use of (1:1 classes, Health Courses and Community Classes). Qualitative data has been analysed by coding the interview transcriptions into themes corresponding to these seven organisational aims of LEAH. The frequency of each code's occurrence was recorded and this data was then triangulated with the descriptive statistics from the quantitative data analysis.

## 3. Findings

### Background information about LEAH clients

LEAH's clients are those who have a low level of English, and who are unable to study in mainstream language classes due to reasons such as ill-health, a lack of affordable childcare, stringent eligibility criteria or being unprepared for formal, exam-based courses. Nearly all (93%) of LEAH clients included in this study are female – this reflects the reality of the clients LEAH works with (see Figure 1). Clients are referred by external agencies such as health visitors, support workers, children's centres, and others. They can also self-refer, or be referred by friends or relatives – something which is more common for Community or Health Courses than for 1:1 service provision. Clients are often suffering from isolation, and need to learn everyday, communicative English which will help them to deal with the situations in which they encounter on a day-to-day basis – speaking to a child's teacher, to a GP, or to make an appointment on the phone. In addition, many want to improve their reading and writing to enable them to complete everyday activities such as reading official letters and filling in forms.

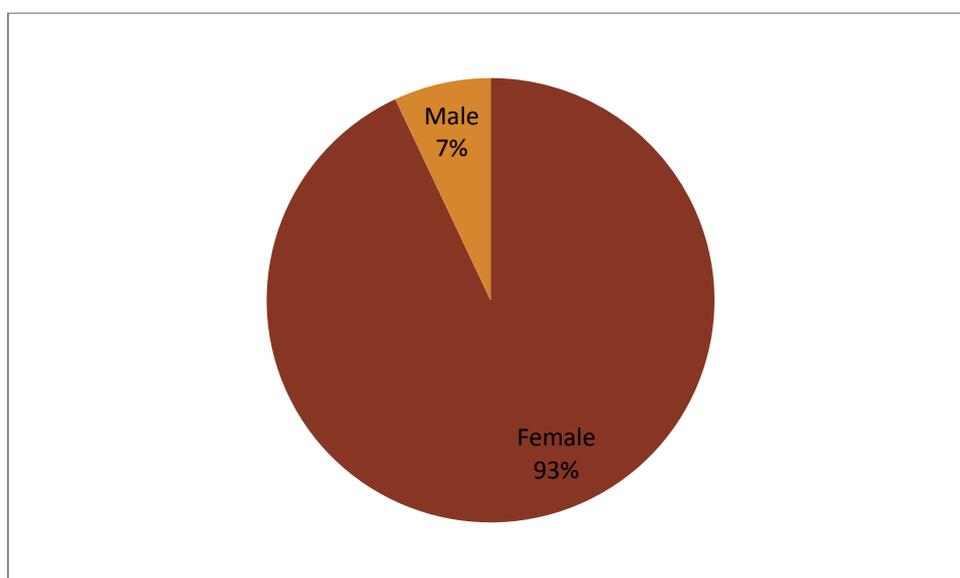
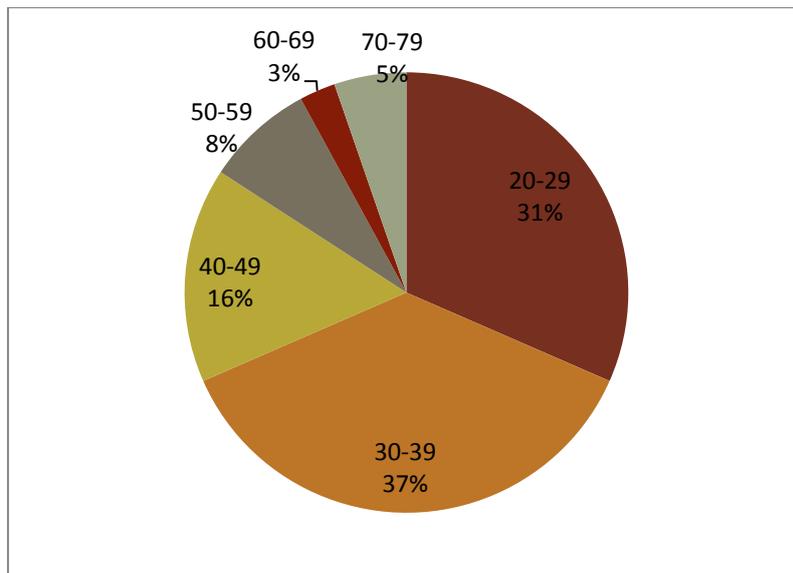


Figure 1 Gender of LEAH clients

Respondents consulted in this study were from 32 different countries and the majority (80%) speak one language other than English, with the remainder speaking two or three other languages in

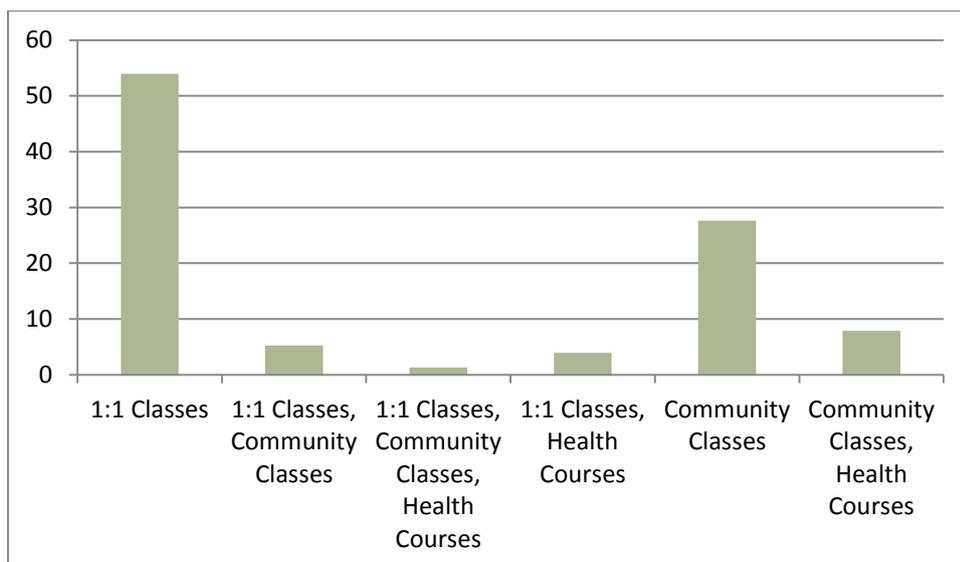
addition to English. Clients range in age from 20-79 years old, with the majority (69%) aged under 40 (see Figure 2).



**Figure 2: Age of LEAH clients**

LEAH's 1:1 clients were found to be younger than those attending Community Classes or Health Courses – 78% of 1:1 clients were aged between 20-39, compared to 40% of Health Course clients and 56% of Community Class clients. This demonstrates the way in which LEAH is able to address the needs of clients of different ages through the provision of different projects – this has considerable importance, as detailed in LSIS research on different ESOL learners (2010).

At the time of this study, 43% of clients have been studying with LEAH for 6 months or less, and 26% for between 6 months – 1 year. Just 14% have been active LEAH clients for more than 2 years. The majority of LEAH clients (54%) currently only participate in the 1:1, home-based provision, which fits with the organisation's central aim to address the needs of those who are unable to leave the house to make use of other services. This is followed by nearly a third of clients (28%) who only take part in the LEAH Community Classes, while the remaining 18% are multi-service users, using various combinations of LEAH services (see Figure 3). While 1:1 clients are generally referred by other agencies for LEAH's 1:1 provision specifically, Community Class clients generally self-refer to LEAH, while clients who attend Health Courses are recruited within the local community. 1:1 clients are encouraged to attend both Community and Health courses as part of LEAH's on-going signposting, but this is not always successful, as demonstrated by the high proportion of 1:1 clients who do not currently make use of any of LEAH's additional services.



**Figure 3: Percentage of clients using different LEAH services**

### **LEAH clients and their children**

A high proportion of all LEAH clients have young children - 59% have at least one child under the age of 4, and 72% have a child under the age of 11. Just 5% of LEAH clients have no children. There is quite a lot of variation between users of LEAH’s different services, with 1:1 clients more likely to have younger children (84% have children aged 11 or younger), while a higher proportion of Community Class and Health Course clients have just adult children (38% and 40% respectively). These findings are supported by existing information on referrals for LEAH’s 1:1 service provision, which shows that a high proportion of LEAH clients are referred for 1:1 provision because they are caring for a young child.

Of the clients who took part in interview, just under a quarter (23%) were making use of LEAH services as they had young children, another 23% because they suffered from health or mobility issues, and 38% had been referred for LEAH services because they were felt to be at risk of isolation (in addition to other needs, for example depression). The others had been referred as because of low confidence, and or the need for an opportunity to practice English more in a group setting.

### **English language skills**

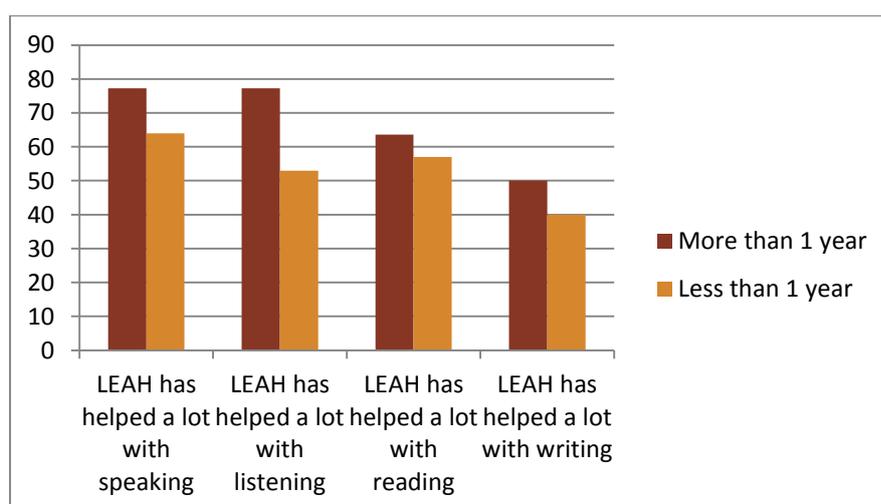
Many LEAH clients have low language or literacy skills, and have little experience of education. “They may have little or no literacy in their own language and have not had the opportunity to develop skills in how to learn (study skills). Robust research evidence shows how the lives of those with the lowest levels of language, literacy and numeracy skills are characterised by multiple deprivation factors, with high levels of dependency on health and social support services” (GLA 2012: 8).

One of LEAH’s primary organisational aims is that clients improve at least one English language skill (speaking, listening, reading, and writing), with the aim that 90% of clients improve at least one skill in their first six months with LEAH. This study shows that 98% of clients report that LEAH has helped them improve at least one skill a lot or a little, and a high proportion (74%) of report that studying with LEAH has helped them with all four skills.

Clients in particular reported that their English speaking skills and listening skills are a lot better as a result of studying with LEAH (68% think their English speaking is a lot better, and 62% their English listening), while numbers are somewhat lower for reading, and in particular for writing (58% and 42% respectively - see Table 1 below). It is notable that those clients who have studied with LEAH for longer than one year report a greater improvement in all four skills than those who have studied for less than one year, as shown in Figure 4, which suggests that study for at least one year is required if clients are to report an improvement in all four skill areas.

**Table 1: How much has LEAH improved clients' English**

How much has LEAH helped you to speak English?			How much has LEAH helped you to listen to English?		
Answer	Frequency	Percentage	Answer	Frequency	Percentage
A lot	52	68%	A lot	46	61%
A little bit	21	28%	A little bit	20	26%
Not very much	2	3%	Not at all	1	1%
No answer	1	1%	Not very much	5	7%
			Question answered incorrectly	1	1%
			No answer	3	4%
How much has LEAH helped you to read English?			How much has LEAH helped you to write English?		
Answer	Frequency	Percentage	Answer	Frequency	Percentage
A lot	44	58%	A lot	32	42%
A little bit	21	28%	A little bit	33	43%
Not very much	7	9%	Not very much	7	9%
Not at all	1	1%	Not at all	2	3%
Question answered incorrectly	1	1%	No answer	2	3%
No answer	2	3%			



**Figure 4: Improvement in skills and length of time with LEAH (%)**

Users of all three of LEAH's services reported that LEAH had helped them with speaking English, with 69% of both 1:1 clients and Community Class clients, and 50% of Health Course clients reporting that

LEAH had helped them a lot with this skill. A higher proportion of Community Class clients reported that studying with LEAH helped them a lot with listening in English compared to users of other projects (63%, compared to 57% of 1:1 clients and 50% of Health Course clients) –this is aligned with the Community Classes’ central focus on speaking and listening.

A higher proportion of 1:1 clients said that studying with LEAH helped them a lot with reading (71%), compared to 38% of Community Class clients and 50% of Health Course clients. 22% of Community Class clients said that studying with LEAH had not helped them very much with reading, and 3% said it hadn’t helped at all. Similarly, 19% of Community Class clients and 30% of Health Course said that studying with LEAH had not helped them very much with writing, compared to just 2% of 1:1 clients. This is probably explained by the fact that both the Community Classes and the Health Courses concentrate on helping clients with speaking and listening, rather than on reading and writing.

These results suggest that, if there is an area in which some clients would like more help, it is reading and writing. This is also supported by the more in-depth information provided by clients in the open-ended questions at the end of the questionnaire, and from the qualitative interviews. Clients emphasised that studying with LEAH had helped them a great deal with speaking English, for example:

*“Yes, yes, better. My...more confidence to speak it, because before I was afraid, because I forgot. Now I speak more correctly, with the verbs, the sentences now, it is good. I am very, very happy.”*

However, several said they would like more help with reading and writing:

*“I would like to do more reading and writing”*

*“Reading a little bit is good, but writing, spelling is still very bad. More help for spelling.”*

### **Case Study 2: Mi-Yung**

*Mi-Yung is 24 and is from North Korea. She has been in the UK for almost seven years, and has been learning English with LEAH for around two years. Mi-Yung is a refugee from North Korea who escaped to China with her family as a young child. Due to their status, she was not able to access education in China, and she lacks confidence about her lack of education, although she has taught herself to read and write using the internet. Mi-Yung was referred to LEAH by her Health Visitor who was worried she was isolated and suffering from depression.*

*Mi-Yung has a 2 year old baby. She is very motivated to learn English so she can go to college and then university and get a good job to support herself and her baby. She is happy that her English has improved since she began studying with LEAH, and that she also has learned more about life in the UK from her volunteer tutor. Her volunteer tutor talks to her about the news and current affairs, which Mi-Yung likes, and also gives her information about different places in the UK. She also taught Mi-Yung how to bake a cake – this was her favourite lesson!*

*Mi-Yung has quite a few friends who live locally, as she is a member of the local church. She gets on well with her volunteer tutor, and is pleased to have the opportunity to interact with someone English, as otherwise her friends are mostly Korean. She has no relatives in the UK.*

*Mi-Yung goes to the local children’s centre with her daughter once a week, and also uses the library to borrow books and DVDs. If she wants to know more about local services she asks her Korean friends or her LEAH volunteer tutor.*

*“Speaking better, listening much better, reading better, writing not so good.”*

Around a third of the interviewed clients identified reading and writing as the thing they found the hardest to do in English. Others identified speaking on the phone and pronunciation.

## Confidence

A report from LSIS (2010) described how, with learners of English: “enhanced language skills improved self-esteem and confidence” (:1). In the quantitative questionnaire, LEAH clients were asked to self-report on their use of English in everyday life as a means of understanding how confident they are in their use of English in different situations. Analysis of the data reveals that:

- After studying with LEAH, 92% of clients speak English in shops at least once a week, with 45% doing so every day
- After studying with LEAH, 82% speak English on the phone at least once a month, with 53% doing so at least once a week. Interviews revealed that phone calls are most frequently to healthcare professionals (for example making a doctor’s appointment) and customer service representatives (for example dealing with utility bills or faulty goods in the home). 12% of clients reported that they never speak English on the phone.
- After studying with LEAH, 79% of clients fill in forms in English at least once a month.
- After studying with LEAH, 76% of clients speak English to their doctor at least once a month. 18% of clients never speak English to their doctor. Interviews revealed that those who do not speak English to their doctor often rely on family (husband or children) to provide translation, or may visit a GP who speaks their first language.
- After studying with LEAH, 61% of clients ask for directions in English at least once a month. 29% reported that they never do this.
- After studying with LEAH, 53% of clients buy train tickets using English at least once a month. 38% of clients never do.
- After studying with LEAH, 48% speak English to a child’s teacher at least once a week, and 46% read letters from a child’s school at least once a week
- 33% of clients never read English newspapers or magazines. Just 7% of clients do so every day.

1:1 clients appear to use English less in some everyday situations, for example asking for directions – 28% do so at least once a week, compared to 30% of Health Course clients and 41% of Community Class clients – and buying train tickets – 14% do at least once a week, compared to 22% of Community Class clients and 30% of Health Course clients. This highlights the isolation of these clients, with many unable to leave the house and gain exposure to use of English in different situations. Other uses of English were consistent across users of all services, for example use of English in shops, which was high across all clients following LEAH’s intervention. Perhaps surprisingly, Community Class and Health Course clients were more likely to report that they never speak English to their GP than 1:1 clients – with 28% of Community Class clients and 40% of Health Course clients reporting this, compared to just 10% of 1:1 clients. One possible explanation for this is that 1:1 clients are perhaps less confident about their right to request an interpreter at the doctors surgery than other clients, which is something it would be useful for LEAH volunteer tutors to address.

Clients taking part in all LEAH projects reported that studying with LEAH was helping them to gain increased confidence. When asked what they liked best about learning English with LEAH, two clients answered:

*"Because it gives me confidence to speak to friends, family, children. It helps my life"*

*"It is help my English and confidence, my life".*

Clients also identified some of the specific ways in which LEAH was helping them to gain confidence in using English in everyday life:

*"Practical English. Is very very good. Go to outside, go shopping and practice talking and coffee shop. Order coffee. Then I can go alone."*

*"I write this email and after this email... [volunteer tutor] is correcting of this letter and professional language and professional letters and use of correspondence in emails."*

Interviews with clients revealed the multiplicity of situations in which LEAH clients need to speak English with some level of confidence. These included visits to doctors and hospitals, in the shops, to children's teachers, to use public transport, when speaking on the phone, and to speak to friends and neighbours. Clients described the ways in they were becoming more confident through their studies with LEAH, and also some of the ways in which they were helping themselves gain confidence through practising English outside lessons:

*"At the market in Kingston. You can't speak Arabic there, no one is speaking Arabic, you must speak English."*

*"Not every day, but sometimes I need to speak with the teacher of my son, and sometimes I go to GP, sometimes for in the store I speak, now I work as well, I need to speak in the morning, to the woman, because I'm cleaner, so sometimes I go there I need to speak to her, or explaining something."*

*"Sometimes I take my baby to another class, somewhere like this.... Sometimes I go to the doctor on my own, if my husband doesn't have time. I have to go with my baby."*

*"My wife, she is watching BBC. Every time, the time of breakfast. And I... me and my wife, watch BBC every day."*

*"Every night I go to my friend's.... she has very nice... I go every night. Because talk. In English."*

Just under a third of the clients (30%) interviewed reported that they felt confident when speaking English, and described how studying with LEAH has helped them to become more confident:

*"I feel better than before since I started at the classes. I practice my English and I can speak with some other people."*

*"I am very proud because everybody speaks English, and I not like to stop, stop, stop, stop. Then I like, very nice to talk. I enjoy. I like."*

However, over half of the clients (61%) reported that they still feel nervous or scared when speaking English:

*“I worry they can’t understand what I’m talking.”*

*“Sometimes a little nervous. For explain. I am very good for listen, but for explain sometimes I stop.”*

These concerns were largely based on the worry that they might not understand what other people are saying, or that other people won’t understand them. Interestingly, clients who felt nervous or worried had been studying with LEAH for a range of time periods (ranging from 2 months to 1.5 years), as had those who felt more confident speaking English (ranging from 1 month to 2 years). This suggests that clients’ level of confidence in speaking in English might be related to factors other than their ability in the language, for example their self-esteem. Increasing clients’ self-esteem can therefore be seen to be as important as an actual increase in English language ability in terms of giving them greater confidence to use English in their everyday lives and integrate into the local community.

### **Well-being and Isolation**

“Being able to speak English... encourages integration and a cohesive society, develops family capital and improves health and well-being” (GLA 2012: 5). Two further organisational aims of LEAH are to improve the well-being of clients and reduce their isolation. As the GLA report (2012) shows, innovative models of English learning are necessary if clients who would otherwise be excluded from language learning are to be given the opportunity to overcome isolation and improve their well-being through learning English – two of LEAH’s organisational aims.

Almost two-thirds of LEAH clients (59%) reported that they visit friends at least once a week, although 12% reported that they never visit friends (see Figure 5). A greater proportion of clients (34%) reported that they never visit relatives, although 32% do so on at least a weekly basis (see Figure 6). Findings from interview data confirms that the reason for most clients’ lack of regular contact with relatives and friends is that they do not have social networks on this type in the local area.

A similarly high proportion of LEAH clients report that they never talk to their neighbours (21%), although just under half (45%) do so at least once a week. 1:1 clients appear more isolated than those taking part in either Community Classes or Health Courses, particularly with regards to visiting relatives – just 26% of 1:1 clients visit relatives at least once a week, compared to 41% of Community Class clients and 50% of Health Course clients. Correspondingly, 41% of 1:1 clients reported that they never visit relatives, in comparison to 22% of Community Class clients and 10% of Health Course clients. (see Figures 5 and 6) This shows the importance of the different projects LEAH offers, with 1:1 lessons providing home-based support for the most isolated clients, and Community Classes and Health Courses providing opportunities for those who are less isolated to learn in a group setting.

Figure 5: How often do LEAH clients visit friends

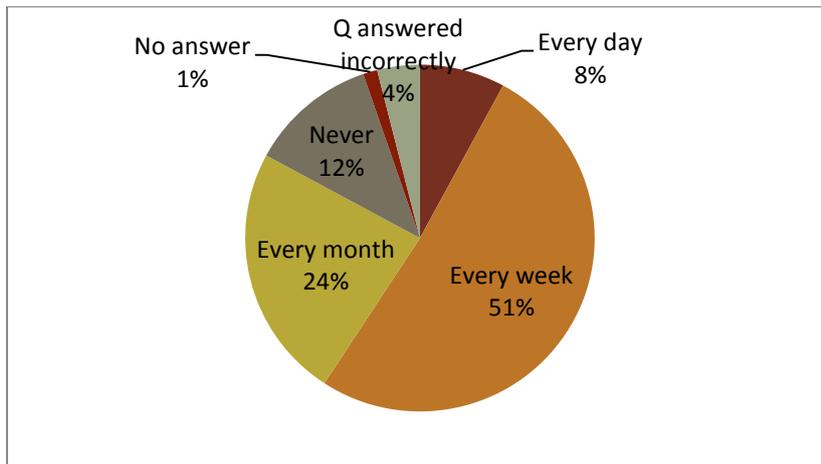
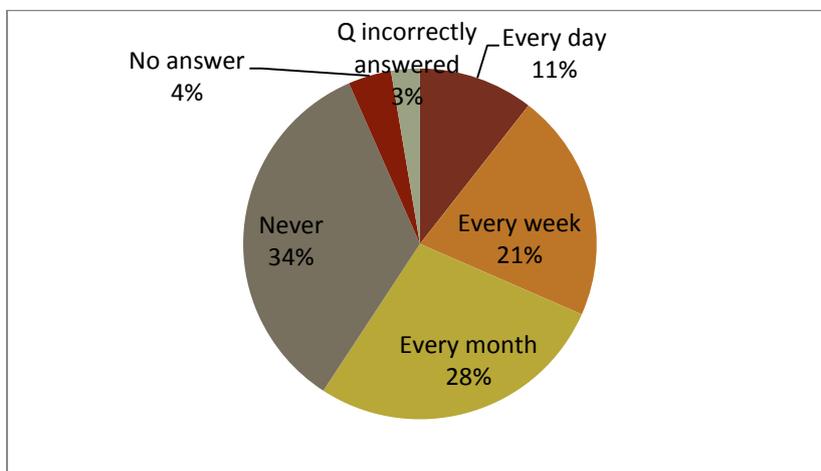


Figure 6: How often do LEAH clients visit relatives



It is also notable that the majority of clients (61%) reported that LEAH’s intervention has helped them to make new friends. As may be expected, this was noticeably higher for clients taking part in LEAH’s group classes (Community Classes or Health Courses - 84% and 90% respectively), in comparison to 49% of 1:1 clients.

The majority of the clients who took part in the in-depth interviews described how they had a small number of friends they saw regularly - many of these were friends they had met through their children’s school, other parents who took part in activities at the local children’s centre, or people met through religious institutions such as churches or mosques. Three of the clients had no local friends or family members living fairly locally, which was the main source of their isolation.

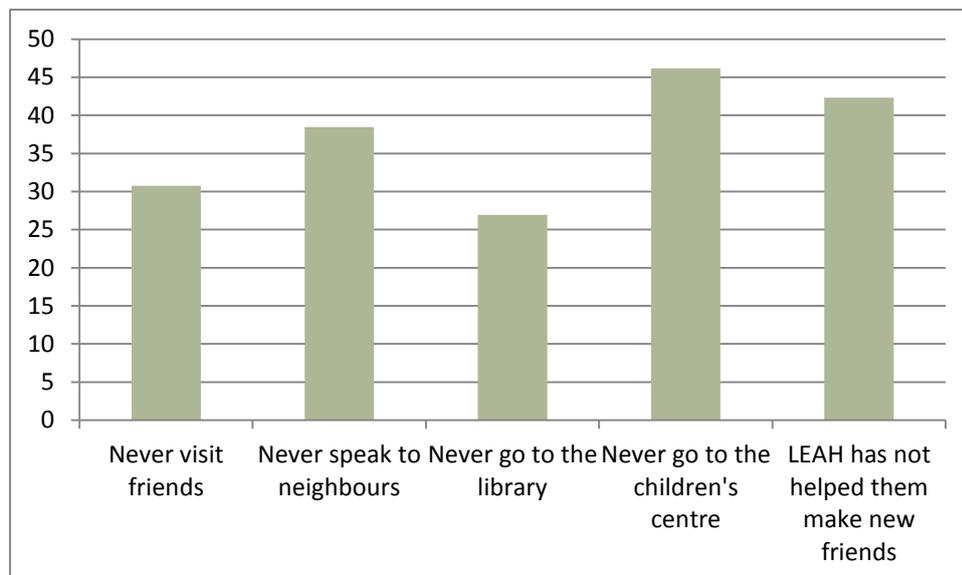
Many of those clients interviewed noted how most of their friends spoke the same language as them, with one of the clients describing how difficult she found it to make friends with English people because of her lack of confidence in her ability to speak and understand English:

*“I talk a little. Sometimes we talk, but I don’t go for coffee because I’m not speaking English so good. I feel shy. Sometimes talking about something, I might not understand. I might go and not understand everything. What I’m saying. I don’t want to go and just sit. But I am shy, I am worried.”*

LEAH volunteer tutors offer students the opportunity to speak with native English speakers on a regular basis – for many this is a valuable opportunity as “the opportunities for part-time ESOL learners of meeting native speakers of English are limited” (LSIS 2010: 2), not only because of the opportunity it affords them to practise their English, but also because it allows them to learn more about local services, cultures and norms.

The interviews also made it clear that, for many clients, contact with their family in their country of origin was of key importance, and something which they felt was important for their on-going wellbeing. Three quarters of the clients (76%) mentioned that, when they felt worried or upset about something, the first person they would speak to would be a family member on the phone or by Skype.

It is notable that those clients who appear more isolated in one area of their life are also more likely to suffer from other types of isolation. For example, of the 34% of clients who never visit relatives, 31% also never visit friends and 38% never speak to their neighbours. 42% of this group also reported that studying with LEAH had not helped them to make new friends (Figure 7), probably because they are more likely to be study in LEAH’s 1:1 classes than in Community or Health Courses.



**Figure 7: Isolation amongst the 34% of clients who never visit relatives (%)**

Corresponding to this, client interviews revealed that LEAH’s services are particularly important in helping clients who would otherwise not be able to participate in learning to overcome isolation. Clients described how 1:1 classes offered a practical way for them to learn English, particularly if they have young children or health and mobility issues:

*“Best thing is because home tutor is best for me because my child is autism so I don’t go to outside in college this time.”*

*“Because my knees problem. Sometimes I walk, sometimes I never walk. She coming here, [volunteer tutor] is very helpful.”*

Another client told the interviewer that she felt that her 1:1 teacher helped her overcome isolation by becoming her friend:

*“Because I can talk to someone, a friend, the teacher is very kind, like a friend. It is very happy to me. I am pleased to see her.”*

Similarly, clients taking part in Community Classes identified some of the practicalities, for example the crèche, of the classes as a way for them to overcome isolation, whilst also allowing them to meet other people and make friends:

*“I like everything! Because is good for me, and helpful with improved. Like the crèche, and teacher, and friends. That’s good, everything is good for me.”*

*“All of it I like. I speak in English. I study. Listening. Talking. Meeting my friends, other people, other country peoples. Lots of different countries.”*

The open-ended questions in the questionnaire echo this, with 13% of clients reporting that meeting other people was one of the things they liked best about studying with LEAH:

*“I like talking to people”*

*“Make friends and speak English”*

*“Meeting friendly clients”.*

A small number of LEAH’s 1:1 clients requested more help from LEAH in making new friends:

*“Meeting friends to talk to each other”*

*“I want to make more English friends”.*

### **Case Study 3: Mohamed**

*Mohamed is 49 and from Pakistan. He’s been in the UK for seven years, and previously attended English classes in a group but was unable to continue this due to ill-health. He now has one-to-one lessons with a LEAH volunteer tutor. Mohamed is a political refugee, and his health needs are varied – he regularly needs to use a wheelchair and make frequent visits to the hospital. He has three children – one is in school and two are adults.*

*After studying with his volunteer tutor for almost one year, Mohamed now feels more independent. Previously when he went to hospital visits he used to use an interpreter, but now he feels comfortable speaking to healthcare professionals without one. He is now able to speak on the phone in English and to make appointments with the doctor without the help of his wife or children. When Mohamed used to attend classes outside the home, he found it hard to keep up as he often missed classes due to ill-health. Now he studies at home, his volunteer tutor can come on days when he feels well, and this has helped his ability to learn. Mohamed is quite isolated – because of his ill-health he often finds it hard to leave the house. He doesn’t feel that studying with LEAH has helped him make new friends, although it has helped him a lot with his use of English.*

*Mohamed’s volunteer tutor helps him with areas of English which particularly interest him, such as writing emails and reading English magazines and periodicals. He also encourages Mohamed to practise English by talking to his wife in English and by watching the BBC. He also tries to read English books which his volunteer tutor lends him. Mohamed is keen to learn more about using a computer – he’d like to learn to programme and to use a computer for graphic design.*

Nearly 70% of the clients who took part in in-depth interviews as part of this study identified their LEAH volunteer tutor, the volunteer class teacher, or other members of their class as the aspect of studying with LEAH they liked best, describing the importance of meeting other people, having regular company and the opportunity to talk to others.

When discussing other aspects of wellbeing, the majority of clients (61%) interviewed reported that they generally felt quite happy in their everyday life. They listed 'children', 'job' and the fact they now have 'more support' as reasons why they felt happy most days. Three of the clients reported feeling less happy, describing how they felt happy some days but not others.

Just less than a quarter (23%) of the clients interviewed said they would talk to a doctor if they felt depressed. One of these had already done so and was receiving counselling and medication for depression. Most of the other clients said they would prefer to talk to a family member or friend, either in person or on the phone / Skype, as they felt that was more suited to their problems. One (a single parent) expressed concerns that a doctor might prescribe medication which would impede her ability to care for her child:

*"Not GP. Because medicine, then sleeping medicine is not good for [client's son], and [son] is crying, is not good for me."*

It is important to note that there may be cultural reasons for this disinclination to discuss depression with a medical professional in addition to other concerns relating to language or simply a lack of awareness that this is a service a GP could offer.

### **Knowledge of local services and Participation /integration**

As LSIS research demonstrates "community based ESOL provides a stepping-stone for most learners which was crucial in engaging hard to reach learners. As they developed their confidence, their participation in other activities ... and some also progressed onto college based courses or into work" (2010: 14). This is aligned with two of LEAH's organisational aims, which are to use volunteer-led classes to improve clients' knowledge of local services, and to improve their participation and integration.

Following LEAH's intervention, over half of LEAH clients reported that they go to the library at least once a month (57%), although 42% never using the library. 8% of clients reported that they didn't know what a library was, although around two thirds (63%) said they know both what a library was and where it was located. LEAH's intervention was described by clients interviewed as important for encouraging them to join and use the library, although most saw it more as a place to get books for their children rather than for themselves. One of the clients had been told about the library by her LEAH volunteer tutor, and they were planning to visit it together in their next 1:1 lesson:

*"[LEAH volunteer tutor] say, next week, register. [Tutor] with me. But not now. [Tutor] help me."*

A high proportion of clients make use of children's centres, with 8% visiting every day, and 36% every week. This perhaps reflects that fact that LEAH's Community Classes take place in children's centres, which encourages clients to visit the centre and allows them to find out more about the other services on offer whilst they're there. 18% of clients – mostly those without young children - reported that they didn't know what a children's centre was.

A high proportion of clients reported that they didn't know what a Parent and Toddler Group was (42%), with just 29% saying that they knew what and where this service was located. A more surprising finding was that 22% of clients reported that they didn't know what A&E was, with just 39% reporting that they knew what this service was and where it was located. However, this is perhaps caused by a misunderstanding of the name used for the service (A&E, rather than the more generic 'hospital') rather than an actual lack of knowledge of the service, at least for some of the clients.

54% of the total client population covered by the study reported that they would ask their LEAH volunteer tutor if they wanted to know about a local service. A relatively low 18% said they would phone the service to find out more (see Figure 8). There is some variation across the different service users, with 1:1 clients significantly more likely to ask their LEAH volunteer tutor if they wanted to know more about local services (73%, compared to 40% of Health Course clients and 25% of Community Class clients). 1:1 clients were also more likely than users of other LEAH projects to use the internet to find out more about a service (59%), while Community Class and Health Course clients were more likely than 1:1 clients to ask a friend (72% and 80% respectively) for more information. This suggests that 1:1 clients are more isolated than other service users, and are therefore using the internet to help them to overcome this isolation.



**Figure 8: How LEAH clients find out more about local services (%)**

Clients reported that learning more about local services and how to use them was one of the things they liked best about studying with LEAH:

*“I like learning English so I can speak to my doctor”*

*“I like LEAH because we do outside learn practical English”.*

*“Besides improving my English it can let me know lots of activity information”*

*“Travelling by train and help to join the library”*

*“Help me to find a house and other benefits”.*

Some clients also requested further provision of information on topics such as local news, UK policy, and support with completing forms for local services.

## Informed choices that benefit the whole family

As detailed earlier, nearly all of LEAH's clients are female, and the majority have children aged under 11. The GLA describe how: "Younger and older women play a significant role in supporting children's education, providing a healthy environment, and encouraging integration. They need to be able to communicate with schools and other services that support families" (2012: 10). The importance of supporting this client group therefore benefits the entire family, as "investing in parents' learning can be an effective way to lever progress in pupils who are persistent low-achievers. Developing parents' spoken English also increases their confidence and ability to develop contact with the school. Low levels of English can be a barrier to a parent engaging with a school (for example, attending parents' evenings, getting involved in the work of a school)" (:10).

The majority (62%) of LEAH clients reported that they have at least one child who is of school age. Out of this 62%, over half (57%) attend Parents' Evenings at the school, 17% go on school trips, and 49% go to school plays (see Figure 9). These findings are similar across clients taking part in all of LEAH's projects.

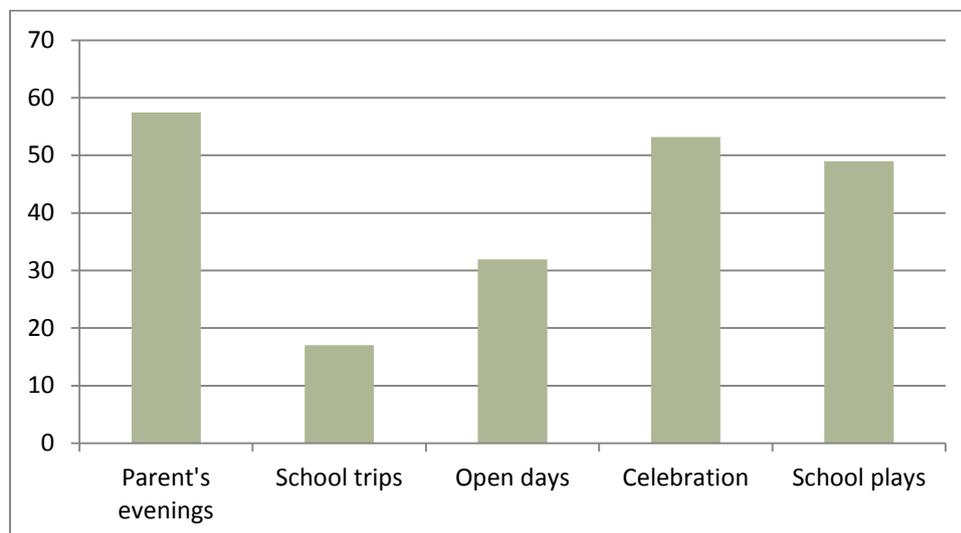


Figure 9: What LEAH clients with children at school participate in (%)

Clients felt that LEAH's intervention was helping them to support their children at school, and reported that learning about subjects relating to children and family was one of the things they liked best about LEAH's intervention:

*"Learn English with LEAH help me. I can talk about my children. I can ask if I'm not sure about anything".*

*"I need to help my children with their homework and help myself."*

*"Because I live here, I speak more, I have more friends and neighbours, and I can help my son at school. For this I want to learn English."*

The majority of clients interviewed reported that their main reason for learning English was to enable them to help their children. Clients with health needs or with children who have health or special needs also identified these as more specific reasons why they needed to improve their English:

*“Because every day, English is more important. Because every day I go to outside and [client’s son] my son, school, talking more, and [client’s son] doctors”.*

One of the clients taking part in LEAH Health Courses also identified how some of the practical information she has learned through this has helped her and her family to make informed choices:

*“It is good for me because I need to change, need healthy food, new recipes. I have an idea about how to cook healthy food. Now I know this. I have change of diet.”*

## **4. Conclusions and areas of learning**

This study has revealed a number of key findings about LEAH clients, as discussed above. There are areas of clear success and achievement, particularly around the way LEAH is helping clients to overcome isolation through improving their spoken language, increasing their confidence, and participating more in local services. LEAH’s service continues to be relevant to its client group, and to the needs of the local community, and the impact of its work is made clear by this study. There are also some additional areas where LEAH could explore the provision of additional services in order to further support its client group, and some of these are discussed below.

### **English language skills**

- 1 Clients studying with LEAH for more than 1 year reported more of a benefit than those with LEAH for less than 1 year. This suggests that most clients would benefit from studying with LEAH for at least 1 year to reach the target outcome of all students improving at least one English language skill.
- 2 In particular, clients report that LEAH is improving their speaking and listening skills. Clients have asked for more help from LEAH in reading and writing, particularly for those taking part in Community Classes and Health Courses. This may not be possible through the existing remit of these classes, but might be an option to explore in the future if another opportunity arose. Statistics would also suggest that 1:1 clients could benefit from more support with listening activities, which is perhaps something volunteer tutors could provide.

### **Confidence**

- 1 Clients have reported how the practical nature of LEAH’s English language provision is a significant strength
- 2 1:1 clients are less likely than other LEAH clients to use English in some situations outside the home – they would benefit from practical support from their 1:1 volunteer tutors to give them the confidence to do so if necessary.
- 3 Clients appear to be keen to practise their English outside lessons. LEAH volunteer tutors could provide more guidance and advice for clients on how to do this.

### **Wellbeing and isolation**

- 1 1:1 classes are shown to be very important for clients who are isolated in other areas of life. 1:1 clients also would also benefit from additional help to make new friends and overcome isolation, as they are currently less likely than other LEAH clients to make new friends through studying with LEAH. However, it is important to note that all LEAH clients are encouraged to join Community and Health Courses, and that often they are unable or reluctant to do so.

- 2 Skype and other ICT services are shown to be of significance for clients in helping them stay in contact with family and friends in their country of origin. Use of the internet has also been shown to help clients, and in particular 1:1 clients, overcome isolation by helping them to learn more about local services.
- 3 Clients, particularly 1:1 clients, made particular mention of the opportunities LEAH provides for them to socialise with other people; for example parties and celebrations. Although the organisation of these is resource-intensive, they are clearly valued by the clients as a source of social interaction.
- 4 Most clients do not appear to feel comfortable with the idea of talking to a doctor if they are depressed. This is a culturally sensitive issue, and one which needs to be recognised and acknowledged through the provision of a culturally sensitive service.

### **Knowledge of local services and participation / integration**

- 1 Clients would benefit from more support to find out about how different local services can be used, for example the uses of libraries for adults as well as children, and the possibilities of other local parent-toddler groups in addition to children's centres.
- 2 Clients report regular use of the internet to find out more about local services. This is something LEAH could support further, perhaps through providing more information on the LEAH website, or through encouraging volunteer tutors to help their clients find useful websites about the local area.
- 3 LEAH volunteer tutors are an importance source of information about local services, particularly for 1:1 clients who have fewer friends and relatives locally. LEAH could support its volunteers to provide more information about local services which clients might be interested in.

### **Informed choices that benefit the whole family**

- 1 Clients with young children report helping their children at school as perhaps the most important reason they have for learning English. LEAH could support this further by signposting clients to other Family Learning services in the community, which would also have the advantage that it would help clients engage with other local services.

### **General areas of achievement and learning**

1. Clients who currently take part in 1:1 classes could also benefit from other activities, for example Health Courses and Community Classes. 54% of LEAH clients just participate in 1:1 classes.
2. A very high proportion of LEAH clients have children aged under 11 years old. LEAH should ensure that all clients are aware of the services and benefits which are available for parents of pre-school and primary school aged children, as these make up the majority of beneficiaries.
3. Clients reported use of ICT to overcome a number of difficulties, for example using the internet to overcome a lack of friends or family members to ask about local services, and using Skype to stay in touch with friends and family who are a long way away, LEAH could make use of the ICT skills this suggests most clients have to share information with clients about events and activities.
4. Clients will have very different pathways of learning and progression depending on their background and needs. Transitions between different activities on their progression pathways (for example from 1:1 classes to Community Classes) must to be fully supported if clients are to continue to progress, for example through volunteer tutors accompanying their 1:1 student to

Community Classes or other local service provision during the last two-three months as 1:1 beneficiaries.

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## 5. Appendices

### 7.1 Data collection instruments

#### LEAH Student Interview Schedule

To be completed prior to interview:

<b>Name of student:</b>		<b>Country of origin:</b>		<b>Age:</b>	
<b>Languages spoken:</b>		<b>Length of time in UK:</b>			
<b>Which LEAH services does student use (circle 1 or more):</b> 1:1 home tutor / Community Class / Health course					
<b>Reason for needing LEAH services:</b>					
<b>Background / additional information:</b>					

#### Interview questions:

<i>Explain purpose of the interview, how long it will last and ask permission to record the interview.</i>	
<b>Learning English</b> How long have you been learning English?  What are the reasons you want to learn English?	
<b>LEAH services</b> Do you think your English has improved since you began learning English with LEAH? <i>Prompt – what has improved? Speaking / listening / reading /writing? What can you do now that you couldn't do before?</i>  <u>For 1:1 students:</u> What do you like about having a teacher come to your house?  Can you tell me about a lesson with your teacher that you really liked? <i>Prompt – what was the lesson about? What did you do? What did your teacher do? What did you learn?</i>  <u>For Community Class students:</u> What do you like best about the Community Classes?  Can you tell me about one of the classes here that you've really enjoyed?	

<p><i>Prompt – what was the lesson about? What did you do? What did the teacher do? What did you learn?</i></p> <p><u>For Health Course students:</u> Why do you come to the Health Course?</p> <p>Can you tell me about part of the Health Course that you really like? <i>Prompt – what was it about? What did you do? What did you learn?</i></p>	
<p><b>Using English in everyday life</b></p> <p>Who do you need to speak English to? <i>Prompt – doctor, HV, teacher, neighbours, shops? Do you need an interpreter when you go to the doctor? Can you speak English on the phone to make a doctors' appointment? Can you buy train tickets in English?</i></p> <p>What do you feel like when you need to speak English to someone? <i>Prompt – do you feel nervous? What do you do if you don't understand someone?</i></p> <p>What do you find most difficult to do in English? <i>Prompt – speaking, listening, reading, writing, speaking on the phone, filling in forms, reading letters etc.</i></p>	
<p><b>Participation, integration, isolation</b></p> <p>Do you have friends and family who live nearby?</p> <p>How many friends do you have?</p> <p>Do you see them often? <i>Prompt – every day, every week, at the weekends, in the school holidays</i></p> <p>Who do you talk to if you are worried about something? <i>Prompt – do you feel lonely? What do you do when you feel sad?</i></p> <p>What do you do at the weekends and school holidays? <i>Prompt – do you go out? What do your children like to do?</i></p> <p>Do you feel happy most of the time? <i>Prompt – Are you happy nearly every day? Do you feel happy when you wake up in the morning?</i></p> <p>Who can you speak to if you are depressed? <i>Prompt – someone other than husband / friends? GP?</i></p> <p>Would you speak to your GP if you were depressed? <i>Prompt – if not, why? Who would you speak to?</i></p>	

<p><b>Local services</b></p> <p>Are you registered with a GP and a dentist?</p> <p>Do you know where the hospital is?</p> <p>Do you go to the children’s centre?  <i>Prompt - what do you do there? E.g. stay and play, HV, courses. Has your LEAH tutor been there with you?</i></p> <p>Do you go to the library?  <i>Prompt- What do you do there? E.g. take out books, rhyme time with children. Has your LEAH tutor been there with you?</i></p> <p>What do you do if you want to know more about local services (e.g. Local services like GP, dentist, library, children’s centre, hospital, park, leisure centre, council office.)  <i>Prompt –Do you ask friends / family / LEAH tutor? Do you phone the centre to ask? Do you look on the internet?</i></p>	
<p><b>School</b></p> <p>Do you have children at school?  <i>Prompt – what school do they go to? Do you know the name of the teacher? Have you ever been to talk to the teacher?</i></p>	
<p><b>Anything else</b></p> <p>What do you like best about learning English with LEAH?</p> <p>Is there anything you don’t like?</p> <p>What else can LEAH help you with?</p>	

## LEAH Student Questionnaire

1	What's your name?				
2	How old are you?				
3	What country are you from?				
4	What language(s) do you speak?				
5	How long have you been learning English with LEAH?				✓
		Less than 6 months			
		6 months-1 year			
		1-2 years			
		More than 2 years			
6	Which of these things do you do?				✓
		I learn English at home with a LEAH tutor			
		I go to LEAH's Community Classes			
		I go to LEAH's Health Courses			
7	How many children do you have?				
8	How old are your children?				
9	Read these sentences. Tick (✓) how much LEAH helps you to do these things.				
		A lot ☺☺	A little bit ☺	Not very much ☹	Not at all ☹☹
	Learning English with LEAH helps me to speak English.				
	Learning English with LEAH helps me when I listen to other people speaking English.				
	Learning English with LEAH helps me to read English.				
Learning English with LEAH helps me to write in English.					

10	Read these sentences. Tick (✓) how often you do these activities.				
		Every day	Every week	Every month	Never
	I ask for directions in English.				
	I buy train tickets in English.				
	I speak on the phone in English.				
	I speak English in shops.				
	I speak English to my doctor.				
	I speak English to my child's teacher.				
	I read English newspapers or magazines.				
	I read letters from my child's school.				
I fill in forms in English.					
11	Read these sentences. Tick (✓) how often you do these activities.				
		Every day	Every week	Every month	Never
	I visit friends.				
	I visit relatives.				
	I talk to my neighbours.				
	I go to the library.				
I go to the children's centre.					
12	Has taking part in LEAH activities helped you to make new friends?				✓
				Yes	
				No	
13	Read this list of local services. Tick (✓) what you know about these local services.				
		I know what this is	I know where this is	I don't know about this	
	Library				
	Children's centre				
	Doctor's Surgery				
	A&E				
Parent and Toddler Group					
14	What do you do if you want to know more about a local service?			✓	
			Ask a friend		
			Ask a relative		
			Ask my LEAH tutor		
			Phone the service and ask		
			Look on the internet		
			Nothing		
15	Do you have a child who is at school?			✓	
			Yes		
			No		

16	Do you go to any of these activities at your child's school?		✓
		Parent's evening	
		School trips	
		Open day	
		Celebration	
	School play		
17	What do you like best about learning English with LEAH? ☺		
18	Is there anything you don't like about learning English with LEAH? ☹		
19	Is there anything else LEAH could help you with?		

*A monitoring and evaluation consultation undertaken with clients of Learn English at Home (LEAH) in February-June 2014 to understand the impact and continued relevance of the services LEAH provides, and inform the organization's future work.*

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