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Community adult education for a social vaccine in pandemic and post pandemic times

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Abstract

This article argues for a 'social vaccine' in pandemic times that underpins the four basic requirements for global health and equity to flourish by providing a life with security, opportunities that are fair, a planet that is habitable and supports biodiversity and governance to ensure resources are fairly distributed (Baum and Friel, 2020). By a 'social vaccine' I do not mean a biological vaccine that is produced in laboratories and injected in arms to produce immunity to the COVID19 virus. A 'social vaccine' is an antidote to counteract the consequences and long-term effects of epidemic upheaval, designed from below in participatory and dialogical relationships with those worst affected by its consequences. This article argues that community adult education, which has incessantly prioritised employability skills training, should play a pivotal role in providing a 'social vaccine' in pandemic and post-pandemic times. The significance of community adult education is that it seeks to build the curriculum from the inequalities and injustices that people experience in their everyday lives by providing opportunities for individual and collective change.

Introduction

Since the latter part of last century, North East England has suffered the effects of deindustrialisation and austerity that have increased socio-economic and health inequalities which have been further exacerbated by the COVID19 pandemic. Research by Bambra, Riordan and Ford (2020, p.1) shows that:

> the COVID19 pandemic is occurring against a backdrop of social and economic inequalities in existing non-communicable diseases (non infectious diseases) as well as inequalities in the social determinants of health.

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This is having devastating consequences for those living in deprived communities.

The pandemic has brought adult education to a historical juncture that requires a rethink on learning for work and the need to value a more radical approach through a 'social vaccine' that encourages participation and dialogue so that voices can be heard, especially those marginalised in society. Local to global issues of inequity in education, health, living and working conditions, financial and food poverty, environment and climate change, all of which make people and communities vulnerable to disease and trauma, call for a radical approach that brings a social and ethical dimension to adult education. This article explores whether the pandemic is facilitating or hindering the participatory and dialogical practices of adult and community education as a social vaccine.

The Context

Neoliberal governance and policies brought about the de-industrialisation that closed down traditional industries in the 1980s in North East England. This created mass unemployment and reshaped the economy into a precarious one of insecure, low paid, non-unionised work. De-industrialisation, in breaking the routines and practices of the everyday social, economic and cultural life of these communities, had health implications for family life. De-industrialisation also disrupted the mental state of these communities from one largely of 'ontological security' to 'ontological insecurity'
(Walkerdine, 2010, p.9): the undermining of a person's sense of self, and loss of affective work and kinship practices in communities which have traditionally reaffirmed identities and values. Neoliberalism, as an economic and political project, has reshaped the social relations of class and, in doing so, has had devasting consequences for the health and wellbeing of these communities.

Social, political and economic structures which are beyond the control of individuals such as de-industrialisation and welfare reform affect their health. Bambra (cited in Shrecker and Bambra, 2015, p.8) argues that 'health is politically determined'. Krieger (ibid) further argues that the political economy approach to health shows that patterns of health and disease are:

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> produced literally and metaphorically, by the structures, values and priorities of political and economic systems…health inequalities are thus posited to arise from whatever is each society's form of social inequality, defined in relation to power, property and privilege.

Social inequality occurs when resources and opportunities in a given society are distributed unequally to different social groups due to their class, race, ethnicity, gender, age, sexual identity, disability, religion. It is this differentiation of access to social goods such as income, health care, education, housing, and participation, that prevents equality of access to opportunities and resources. Social inequality linked to economic inequality is the unequal distribution of wealth in providing opportunities for employment and a welfare state that should offer social protection. With the loss of the Social Democratic Consensus in 1970s, and continual erosion of the Welfare State, came a loss of social determinants for good health. Bambra (in Shrecker & Bambra, 2015, p.11) argues that the welfare state 'is an important macro-level political and economic determinant of health…population health is enhanced by…generous welfare provision'.

The Conservative Coalition government's 'austerity' programme from 2012 on was one of the most radically regressive and destructive neoliberal economic experiments.It brought savage cuts to public expenditure and sweeping reform of the welfare state which scarred individuals, families and communities. It was the poorest in society dependent on welfare and public services who were the hardest hit (O'Hara 2014). Research by Marmot (2020, pp.7-13), showed that austerity measures have contributed to health inequity with the pandemic now exposing these inequalities.

CV19 - A neoliberal pandemic?

> The pandemic is fundamentally unequal as infection rates are higher in more deprived regions, among people of low income, in urban compared to rural areas, and CV19 deaths twice as high in deprived neighbourhoods as in the most affluent; with even more stark inequalities by ethnicity and race; lockdowns to contain the virus have impacted people unequally and the growing economic crisis created by

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> the pandemic is being experienced unequally. (Bambra, Riordan, & Ford, 2021, pp.2-3).

The CV19 pandemic is not only experienced unequally but is a 'syndemic pandemic' as it interacts with and is exacerbated by social, economic and health inequalities (Bambra et al, 2021, p.3). Health inequalities emerge from social and economic inequalities (Marmot, 2020, p.7-13). Health differences between different social groups defined by socio-economic status, geography, ethnicity and race and gender are combined with the social determinants of health. The social determinants for good health are income level, welfare receipt, educational opportunities, occupational status, workplace environment, gender equity, racial equality, food security, access to nutritious food choices, housing conditions and healthy community environments within which we live, and access to good medical health care. These are the conditions of the environment in which people are born, live, learn, work and age that affect our health and quality of life outcomes. Many people who are born, grow, live, work and age in deprived communities where socio-economic and health inequalities exist are not privileged in gaining equal access to these social determinants and consequently may experience one or more of 50 chronic non-communicable diseases such as asthma. As Bambra et al (2020) argue:

> the COVID-19 pandemic is occurring against a backdrop of social and economic inequalities in existing non-communicable diseases as well as inequalities in the social determinants of health… a syndemic pandemic.

The cumulative effects of neoliberal policies that brought about de-industrialisation, austerity and welfare reform have produced increasing socio-economic inequalities. CV19 could be regarded as a neoliberal pandemic since neoliberal social and economic policies have damaged the health of communities.

A Social Vaccine

The term ‘social vaccine’ is a concept used by global community health projects to find ways to change the social and economic conditions that cause people and communities to become vulnerable to disease due to poor social and economic

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determinants of health. Research by Baum, Ravinarayan, Sanders, Patel & Quizhpe (2009, pp.428-433) shows that a 'social vaccine', as a process, raises the consciousness of a community and the individuals within it which leads to resistance to unhealthy policies and practices through political action. The process should lead to people shedding feelings of powerlessness and resignation which result, at least in part, from the lack of skills and confidence required to change their circumstances. This confidence is forged in a common struggle against socio-economic conditions that contribute to poor health.

Baum & Friel (2020) point out that, in rebuilding the post COVID world, action is needed on four key fronts to ensure that the post-pandemic world is better than pre COVID times. A social vaccine should underpin the four basic requirements for global health and equity to flourish. These are: 1) A life with security; 2) Opportunities that are fair; 3) A planet that is habitable and supports biodiversity, and 4) Governance that is just in ensuring that resources are fairly distributed. A 'social vaccine' could support action in each of these four areas to ensure the post-COVID world is fairer, more sustainable and healthier. Baum (2020) points out 'it will also require a powerful social movement which demands the kinds of changes a social vaccine will bring'.

A social vaccine that is an antidote to counteract the consequences and long- term effects of CV19 epidemic upheaval, designed from below in participatory and dialogical relationships with those worst affected by its consequences, is a way in which the radical models of community adult education can re-engage with their communities to bring about social change. In pandemic times it is important to revive the model of social purpose education.

Social purpose education

> Social purpose education has a long social history. It is primarily aimed at the working class who experience socio-economic inequalities and are seeking social and political change (Taylor 1986, p.8).
>
> Social purpose education can be characterised in the following terms:

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> participants are treated as citizens and social actors; curriculum reflects shared social and political interests; knowledge is actively and purposefully constructed to advance these collective interests; pedagogy is based on dialogue rather than transmission; critical understanding is linked to social action and political engagement; education is always a key resource in the broader struggle for social change. (Martin 2008, pp.9-10)

The pedagogical methods of social purpose education are similar to those of Freire's dialogical process. Through dialogue, learners begin to critically reflect on their situation and develop a political consciousness that challenges them to take action. In Freirian terms, this process is known as 'conscientization'; the deepening of awareness followed by action that contributes to social change (Freire, 1972, p.53). A Freirean dialogical process provides space to question social conditions and structural inequalities where learners can produce 'really useful knowledge' (Johnson,1988, pp. 21-29). This approach is concerned with developing knowledge to help people understand their social reality and the social inequalities they are experiencing, and how they can act to change their situation for the better.

Baum & Friel (2020) through a 'social vaccine' process call for a social movement. Their purpose is to focus on specific political and social issues as a resource to encourage people to act against the status quo on matters of concern in order to bring about social change. Social purpose education aligned with social movements is a powerful way in which 'really useful knowledge' builds on the collective experiences of marginalised groups to inform individual and social action, and continues to bring about progressive change (Crowther & Shaw, 1997.p.266).

Researching community adult education responses to the pandemic.

To make sense of the effects of the pandemic on Community Adult Education, the most fruitful and ethical way to gain insight was in the following way. The research was conducted remotely through technology over a large geographical area to safely collect data during lock down and social distancing measures. The methodology for this small qualitative study was undertaken through an online questionnaire that invited participants to respond to open-ended questions. Their responses became the

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focus of semi-structured interviews through zoom technology. The questionnaire invited

participants to respond to the following questions:

1. How have practices and processes of community -based adult education changed in the pandemic?
2. What has become harder or easier?
3. How has the focus of the work shifted?
4. Is the pandemic facilitating or hindering the participatory and dialogical practices of adult and community education as a social vaccine?
5. What evidence can you highlight in terms of how adult education is having an impact?

Sample

Twelve participants who are key stakeholders in community adult education in deprived areas across the North of England were invited to take part in the study. A response rate of 42% was received due to the impact of the pandemic on the community adult education sector including job losses. Three case studies were produced from responses to the questionnaire in addition to conversations through semi-structured interviews with three senior community adult education staff. Two managed voluntary community sector women's education centres, one of which was in a former textile manufacturing town in Lancashire, the other in a town in a former coalfield area of County Durham. The third case study was taken from a community education centre in an urban area on the River Tyne. All areas where these centres are based are areas of deprivation, having suffered de-industrialisation since the 1980s. Two of these centres had a thriving Black, Asian and Ethnic Minority community of learners. The case studies provided an insight into the challenges that Community Adult Education has faced in pandemic times, and its resilience in sustaining engagement with its learning communities experiencing inequalities, loss of safe spaces, ontological insecurity, digital and data poverty, fear, domestic violence and regression. The next section is an analysis of the case studies.

Analysis

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Q1. How have practices and processes of community -based adult education changed in the pandemic?

The most significant ways in which the practices and processes of Community- based Adult Education (CAE) were changed by the pandemic were through government closures of centres that brought about the loss of safe spaces for learning that prevented women learners, marginalised groups and Black Asian and Ethnic Minority (BAME) groups meeting as a collective. Hill Collins (2000, p.101) argues, 'safe places are prime locations for women to resist the dominant culture's definition of them … and provide the opportunity for self-definition which is the power to name one's own reality'.

The suddenness and shock of the pandemic shifted CAE to digital learning. This was only partially successful, despite the enormity of staff time and effort to make this work. In doing so, it significantly changed the role of the tutor to learner support, preventing drop out, issuing resources and devices There was no additional funding to be found for these centres to keep their learning communities engaged through digital learning, despite the importance of learning being good for one's mental health.

Many did not engage with digital learning as they did not have a conducive learning environment at home, as well as experiencing digital and data poverty. The pandemic exposed a digital divide of those who lacked access to appropriate devices, including printers, internet connectivity, and technical back-up when things went wrong at home. Despite being offered learner support and a device, many did not have internet connectivity due to poverty. Connectivity for data costs money and food was a priority. As the pandemic imploded inwards onto CAE, it produced an additional inequality: that of digital and data poverty and, for many, exclusion from community education.

The belief that working class learners can access digital learning through digital technologies disregards social and economic inequalities of which digital poverty plays a part in excluding many learners who are missing out on education. This causes learners distress, harms their wellbeing and creates inequalities, in particular for disadvantaged learners.

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Q2. What has become harder or easier?

Nothing has become easier but it has become harder. All participants reported it was harder to (re) engage learners due to fear of contracting the virus. Research by Degerman, Flinders & Johnson (2020:17) argues that structural inequality is exacerbated by crisis, with fear being experienced unequally during a pandemic. Those who were marginalised and living on the edge of society dropped out due to a shift to digital learning and fear of the virus. Learners from the Muslim community and different multi-cultural groups dropped out and have not re-engaged despite continual communications. A high rate of CV19 infections and deaths in the Black Asian and Minority Ethnic (BAME) population creates fear of the virus. Bambra (et al, 2021, p.40) points to socio-economic status and ethnocultural groups reporting higher levels of psychological distress and CV19 related discrimination, stigma and racism being associated with poorer mental health in BAME groups.

The lockdown experiences at the social and community level created difficulties in family life which impacted upon CAE. CV19 government guidelines prevented socialisation with family and friends and support from agencies was reduced. Many learners, especially women, who had once become visible through CAE have now become invisible behind closed doors which is not good for mental health. The indirect impact of the pandemic for women living with domestic violence is that it has increased poor mental health. Women's Aid (2020) reports that over half of women experiencing abuse in the pandemic also experienced a decline in their mental health. The centres are experiencing a return of women who are in need of emotional and mutual aid support and learning to improve their mental health. It has become an increasing priority of these centres to respond to this critical crisis by seeking strategies to improve mental health through learning, and changing the curriculum to meet this need.

Nothing became easier in community adult education in pandemic times as fear of the virus brought difficulties with (re)engagement of learners, but women who became locked down at home and experienced domestic violence are seeking to return to safe places in community learning centres to restore their mental health and

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wellbeing. Centres are responding to the challenge of the psychological impact on their learning communities.

Q3. How has the focus of the work shifted?

The permanent closure of a women's centre that offered safe spaces is forcing one project to shift to an outreach model. This will enable engagement of women at a deeper level within the community. To prevent the pandemic silencing women because of the loss of group work, this women's centre has shifted their voices into unfamiliar spaces online to debate, have conversations and, at conferences, to raise issues of concern. The women continue to produce podcasts, Youtube videos and blogs to raise the profile of the organisation to other women.

At the start of the pandemic, digital learning had been seen as the priority. As the pandemic unfolded, the collateral damage of its impact on family and community life through fear, loss of socialising, poor mental health, domestic violence, food poverty, digital and data poverty, has brought a shift in thinking. These centres are being shaped by these concerns. The curriculum of these centres has shifted, or is being enlarged, or taken on an added dimension, to respond to the psychological impacts of the pandemic
through learning for mental health and wellbeing.

Q4. Is the pandemic facilitating or hindering the participatory and dialogical practices of adult and community education as a social vaccine?

The pandemic has hindered the participatory and dialogical practices through closure of community centres, loss of learning spaces, and the social dimension of adult education to an individualised approach of digital learning has brought about regression in CAE. The shock of the pandemic has atomised and fragmented family life making engagement in learning a lower priority. A culture of individualisation has permeated these communities, making people more remote from each other through a multitude of neoliberal government guidelines which have impacted on family, social and cultural life. Walkerdine (2009, p.63) argues that 'routine affective practices' found in the social and cultural life of communities provide a sense of security to the population. Such practices provide 'ontological security': the 'rhythm

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and patterns of everyday life, both materially and emotionally which held a community in place…provided a sense of safety…and emotional containment' (Walkerdine, 2009, p.63). 'Ontological security' seen as a stable mental state in enabling individuals to get on with their lives was disrupted by the pandemic. In doing so, learners' engagement with community education has been disrupted predominantly through fear and poor mental health, disruption to family life and neoliberal governmentality around CV19 guidelines.

Q5. What evidence can you highlight in terms of how adult education is having an impact?

Evidence of how community adult education is having an impact can be seen through the resilience of the women fighting back against the pandemic by overcoming their fear and projecting their voices. The pandemic is not silencing but facilitating the women's voices in a different way.

Adult educators are seeking new strategies to provide learning opportunities to address the mental health and wellbeing needs of their learners due to the social and psychological impact of the pandemic. The importance of community adult education in pandemic times was not underestimated by learners who saw it as a critical lifeline in preventing social isolation, as a refuge from patriarchal oppression and in improving their mental health.

Community adult educators are fighting back and remaining resilient in pandemic times to keep mainstream provision sustained with reduced class size, social distancing measures and through digital and blended learning. The learning offer is changing to accommodate the mental health and wellbeing of learners, but the offer is not challenging structural inequalities through radical education. The socio-economic inequalities that have produced health inequalities combined with poor social determinants of health have laid the foundation for the CV19 virus to rip through these working-class communities creating an unequal pandemic.

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Despite the difficulties posed by the pandemic, the commitment of staff to work in new ways, to develop new skills, to maintain contacts, to seek out new funding sources and to double their efforts in working with old and new students, is characteristic of the caring and emotional labour of CAE and the social, collective and emancipatory impetus that underlines much of this work.

Conclusion

A 'social vaccine' is a relational concept addressing the atomising, individualising and damaging social, material and psychological consequences of the pandemic which have an unequal and devastating impact on marginalised groups. A 'social vaccine' is as important as a biological vaccine in fighting disease. The research explores how CAE can play a pivotal role in counteracting some of these damaging consequences by its distinctive purpose and processes of working with communities. The paper explored how CAE can contribute to the idea of a social vaccine because this needs highlighting - particularly in the context of educational policies that merely see forms of education for adults as having a narrow, vocational focus.

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