

# Bite-size adventures in the workplace

Catharine Arakelian and Alexander Braddell on a workplace ESOL programme

In practice, you may not need much English to work as a cleaner, a catering assistant or a porter. Nevertheless, most employers claim that a good command of English is, if not a prerequisite, at least desirable in the low-skilled, low-status workplace. In theory, these workers are required to process important information associated with health and safety legislation, quality standards and new technology. Similarly, flatter management structures, team-working and customer care all make communicative demands. Yet staffing pressures lead many employers to select applicants with very little English indeed. These pressures then militate against making English language training available at work: service demands make releasing staff for training seem impossible. Little is done to bridge the widening gap between job requirements (on paper) and the communicative skills of workers.

## Bite-Size ESOL

To help one set of employers bridge this gap Oxfordshire Skills for Health<sup>1</sup> developed Bite-Size ESOL, a workplace ESOL programme that did not require staff release.

Bite-Size ESOL was piloted between October and December 2004 at the Oxford Radcliffe Hospitals NHS Trust with ancillary staff (catering assistants, cleaners and porters). These are staff whose contribution to frontline healthcare is increasingly recognised and the pilot was supported by the now-disbanded NHSU.

Bite Size started from the premise that migrant workers are learning English in the workplace simply by being there ('natural' language acquisition). All day they listen to, observe and compare verbal and visual clues. They receive English instruction from immediate team members, managers and supervisors, colleagues from other departments and customers. These 'teachers' use modelling, mentorship, tips and clues as well as direct instruction, delivered sometimes in a blend of English and a shared other language.

Compared to classroom English, English heard and acquired through authentic experience is transparent in function and immediately useful. At work, successful language acquisition is directly rewarded: it brings the worker autonomy and allows involvement with others.

Bite Size proposed to harness these 'natural' language acquisition processes through a scaffolding programme, based on a functional syllabus, that offered guided learning to individual workers in short, frequent bursts of between five and 20 minutes in the work area itself.

Curriculum, syllabus and materials were developed, between May 2003 and June 2004, by shadowing workers and observing ESOL teaching in the hospitals at the John Radcliffe and Churchill Hospitals in Oxford. Topics such as *Dealing with Instructions*, *Talking about Health and Safety*, *Feedback*, *Being Part of a Team* were identified. These topics were then further broken down into much smaller, bite-sized learning points such as *Explaining*, *Asking for help*, *Avoiding a risk*, and *When the job's done* and mapped into a structured (but not linear) functional syllabus (see Figure 1).

For each of the smaller learning points a postcard-sized, double-sided card was produced. The card included a lexical set, grammatical structures, advice on the British workplace ('Helpful Tips'), and a scenario illustrating language use (see Figure 2). The cards were pegged at approximately Entry 3 of the ESOL curriculum, insofar as workplace needs allowed such a levelling. 60 cards were produced.

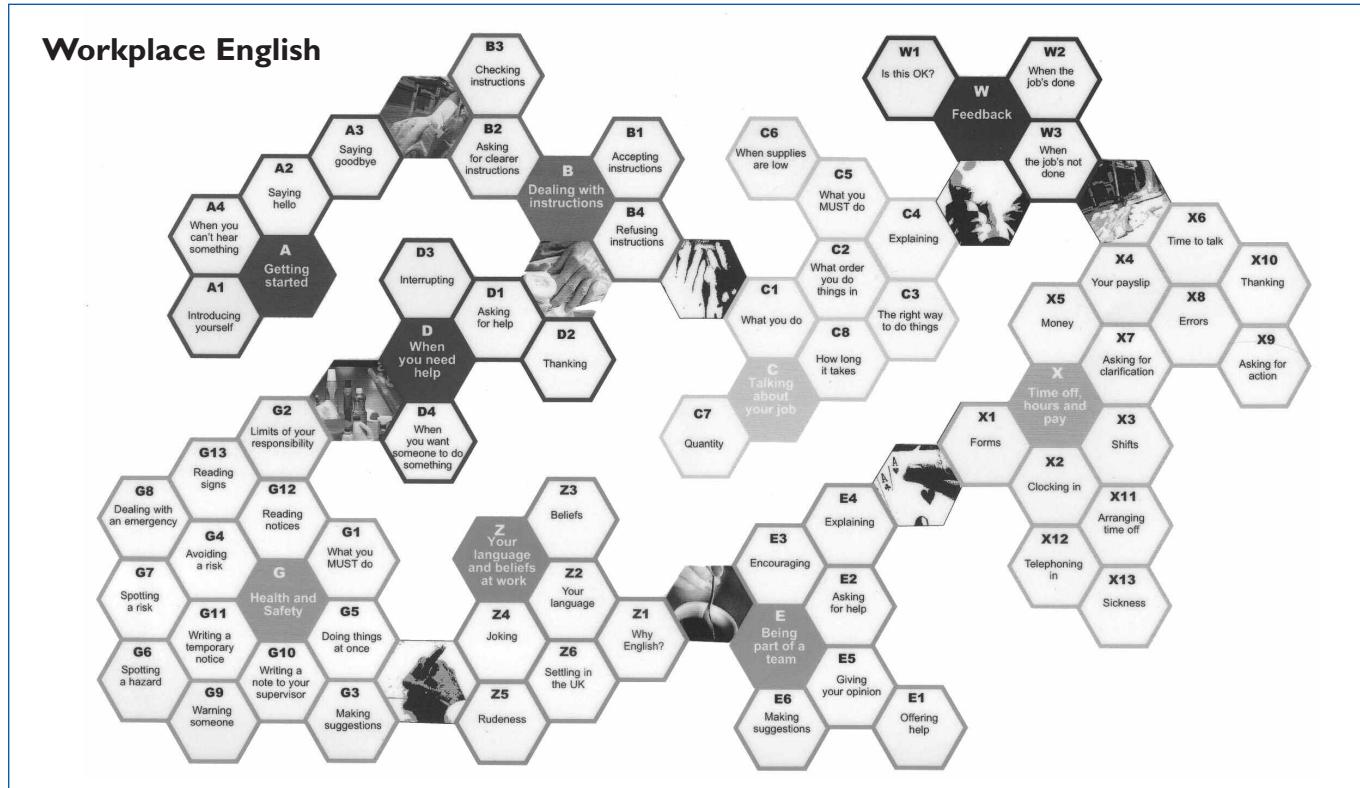


Figure 1. Map of pilot syllabus showing groups of cards organised around functional English topics

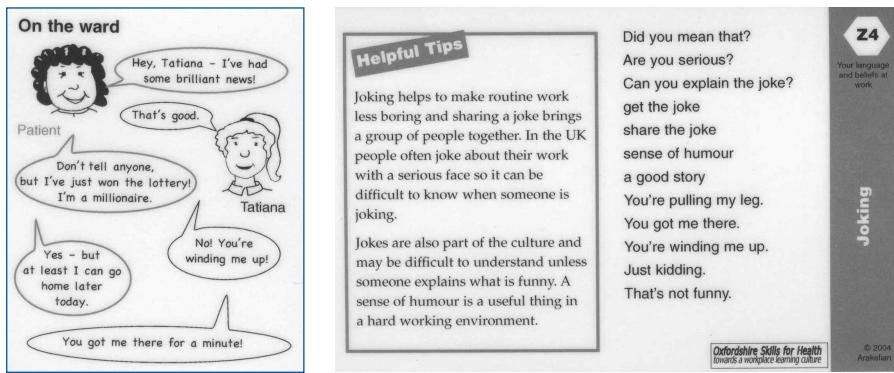


Figure 2. Extract from two sides of card illustrating Word List, Helpful Tips, Scenarios

These materials were intended to facilitate a flexible approach to learning where the learner's priority of the moment could be addressed, mimicking natural, just-in-time knowledge acquisition.

*Saw [enrolled participant X] who said he had to go and sort out a problem with his pay slip. We were able to look at the map and choose 'bites' suitable for helping with this. He picked out a couple of hexagons: 'Time to talk' & 'Errors', and we decided the former would be more appropriate for broaching the whole subject of pay queries. This made a platform for an excellent session where I was able to elicit a lot of language from the card before looking at scenarios. (Tutor log book)*

The pilot involved 5 managers in 3 hospitals, 8 supervisors / team leaders and 26 staff enrolled as learners. Departments represented included Domestic Services, Portering, Catering and Auxiliary Nursing. Some of the departments were NHS in-house departments; others were contracted out to the commercial sector. Participation was voluntary at all levels. To align pilot activities with departmental workplans, managers and supervisors were involved in learning objectives and intended outcomes.

### Innovative features

- ESOL tutors meeting trainees on the job in their work area
- Short 15 minute sessions in non-standard settings
- Individual learning opportunities three or more times a week
- ESOL curriculum delivered through a series of collectable cards
- Consistent involvement of line managers
- Support for peer-learning (networked learning)

A key question was how learning might be extended beyond the individual learner (networked learning). The Bite Size cards were intended to be passed around the workplace as needed, enabling one person to support another's learning. The cards

could also help managers and supervisors to identify learning opportunities and then offer more effective learning support to staff.

*[Catering manager X] came over and asked me to go through a H&S workbook with [participant Y]. Y is going to take it home for weekend reading.*

The pilot itself involved six ESOL tutors delivering 230 sessions to 26 enrolled learners over a ten week period. About half the sample accessed the programme on a regular basis participating in 12 to 15 sessions and so enjoying about five hours guided learning. The other participants accessed about five sessions, totalling between an hour and a half and two hours guided learning. All sessions were delivered in work areas, including ward day rooms, corridors and kitchens. Most sessions were 1:1 although in some instances other workers joined the enrolled learner. On average learners took part in at least two sessions a week and sometimes three.

Project evaluation was conducted through stakeholder<sup>2</sup> questionnaires (translated into Arabic and Spanish and delivered through an interpreter to two Albanian speakers) and structured interviews; logbooks and session tracking sheets kept by the ESOL tutors; observations of eight Bite Size sessions between September and December 2004 and notes from fortnightly team meetings during the delivery period.

Evaluation addressed a range of questions around workplace impact, the work area as a learning environment, materials design and use, workplace learning, learning gain, networked learning and cost-effectiveness.

### Cost effective?

In terms of cost-effectiveness, there were three perspectives to consider: the employer's, the enrolled learner's and the provider's. To the employer the programme looked good. Apart from costing nothing (being funded by SEEDA through the larger OSfH project), it required no release time. This meant

no extra pressure on service delivery and no issues around increased workload for non-participating staff. The visibility of the learning reinforced employee perceptions of a supportive workplace and the programme actively encouraged non-enrolled staff to participate in the learning.

On-the-job delivery meant a saving to the employer of around 77 staff hours of classroom time plus an estimated 21 staff hours walking to and from a classroom – around 100 hours 'saved' over the ten weeks, five hours per enrolled staff member. In the previous classroom-based system of offering each member of staff a one hour teaching period each week, the 26 participating staff would have needed 260 classroom hours, plus a further 62 walking hours, to attain ten hours teaching each over the ten weeks.

For the learner' the programme also represented good value. Too often at work attendance for classroom-based learning is erratic due to difficulties around release. Bite Size suffered no such problems. In addition to focused, 1:1 learning, the programme offered frequent sessions.

The cost-benefit equation was more complex for the provider. On the one hand the programme was very well received by all concerned; it offered learners good continuity; it brought tutors into the heart of the workplace to grapple with learners' most immediate and pressing concerns; it raised the profile of the project with many people previously untouched by learning; it was popular with tutors.

*A fifteen minute chunk of time is just about right for discussing the situation and teaching / practising a couple of useful exponents to the point that they stick. I'm yet to be convinced that more can be done in an hour. (Tutor log book)*

Against this, it appeared expensive in tutor time when measured by guided learning hours delivered per enrolled learner. However, this was a methodology designed to do more than deliver guided learning hours to individuals.

### Learning in the work area?

Stakeholder reaction to learning in the work area had been positive from the start.

*Met ward clerks and senior ward housekeepers in the process of putting Bite Size into operation for the first time. Reaction from them is overwhelmingly positive on two counts: (a) that teaching people on their work areas is vastly preferable and b) that the course is entirely work-orientated. (Tutor log book after first two weeks)*

It was also clear that the high visibility of the activity engaged other, non-enrolled colleagues of participants.

### Collect your cards

The Bite Size cards were widely popular with stakeholders, who reported that the cards could be used to support other staff training, such as NVQ training, and, more generally, people management. Each enrolled learner and each participating department had one set of their own. Learners were encouraged to collect their set card by card, working with their tutor. Card content was adjudged relevant and of the right level of difficulty.

About two thirds of participants said they had shown the cards to other members of staff, family or friends and half had used the cards themselves to teach other people.

*There is a trend emerging of some trainees devouring information contained in one card in order to get hold of some of the other ones. I have never seen such motivation to retain and recall such exponents / information. (Tutor log book)*

### Impact on the workplace

As to the impact on workplace organisation generally, stakeholders agreed that having English tutors in the workplace had

been useful and felt that it had made a difference to how the workplace was organised. They felt there was better morale among the learners and half, including managers, reported less absenteeism amongst learners. All agreed that Bite Size learning opportunities were easy to fit into work routines and that tutors were welcome in the work area. Against this, tutors reported that it was not always easy to find the learners as they were often moved to different duties away from a previously agreed meeting point for a session. Participants found this equally frustrating.

In terms of learning gain stakeholders (including management) reported more English being spoken in the workplace at the end of the pilot and increased worker confidence (using initiative/opening conversations) and expanded knowledge of workplace conventions.

### In conclusion

The Bite Size pilot addressed some of the problems characteristic of the low-paid workplace successfully, particularly around release. It also demonstrated the possibility of networked learning – i.e. learning

beyond the individual guided learning hour. In the form piloted, however, the programme (including its materials) remains overly dependent on tutor-mediation. To realise the full potential of Bite Size, departments must be able to use it with minimal mediation from learning professionals. *Oxfordshire Skills for Health* is currently working on this revised version.

This article is based on an evaluative report available from [bitesize@arakelian.co.uk](mailto:bitesize@arakelian.co.uk)

**Catharine Arakelian, director of Arakelian Programmes.**

**Alexander Braddell manages Oxfordshire Skills for Health.**

**For more information, please contact**

**Catharine at [catharine@arakelian.co.uk](mailto:catharine@arakelian.co.uk) or Alexander at [alex@bscity.fsnet.co.uk](mailto:alex@bscity.fsnet.co.uk)**

<sup>1</sup> *Oxfordshire Skills for Health* is an NHS-based workplace literacy programme run by Oxfordshire County Council and funded by the South East England Development Agency. It has been working with Oxford Radcliffe Hospitals Trust since 2001.

<sup>2</sup> Stakeholders include enrolled participants, their supervisors, and managers; colleagues from other departments and 'customers'

This article was first published in **Basic Skills Bulletin**, Issue 37, October 2005. (© Simon Boyd Publishing Limited).

For subscription information please contact: CIRCA Ltd, FREEPOST ANG10945, Cambridge, CB1 2BR

**T:** 01223 564334. **E:** [basicskills@circaworld.com](mailto:basicskills@circaworld.com)

**W:** [www.basicskillsbulletin.co.uk](http://www.basicskillsbulletin.co.uk)