LSC Mental Health Strategy – The Way Forward

Implementing the Vision of Learning for Living and Work (October 2006)

March 2009

Of interest to organisations and individuals with an interest in promoting social inclusion through learning and skills provision for people with mental health difficulties
Further information
For further information, please contact the appropriate LLDD Manager at the regional LSC. Contact details for each office can be found on the LSC’s website: www.lsc.gov.uk.

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The photograph on the front cover shows learners participating in a Street Life Soccer ‘Team Talk’ learning session. The group are completing a Level 1 Progression Unit in Taking Part in Sport. The skills learned include language, literacy, teamwork, personal awareness and healthy living - enabling independence and improving learners employability skills. Street Life Soccer is a combined football and education project that enables homeless and vulnerable people, including people who experience mental health difficulties, to access accredited qualifications and professional football coaching.
This Norfolk scheme is developed and delivered by the Blue Cat Initiative and Norwich City Football Club’s Football in The Community.
One in four people will experience mental health difficulties at some point in their lives. Yet they often encounter levels of stigma and discrimination which result in social isolation and exclusion. They are also less likely to be in employment, despite in many cases a strong desire to work. Untreated or unsupported, mental health difficulties can also represent a significant cost to business, with high levels of absenteeism and lowered productivity.

The Learning and Skills Council (LSC) believes that the further education (FE) system is uniquely placed to improve employability prospects and skill levels and thereby contribute to economic growth and social inclusion. The LSC’s focus, with its partners, is on delivering the skills that individuals, communities, businesses and the economy need, which will in turn contribute to people’s well-being and their prosperity.

Much has already been done to promote access to, and success in, learning for people experiencing mental health difficulties. In response to the Social Exclusion Unit (SEU) report *Mental Health and Social Exclusion* (SEU, 2004), the LSC highlighted its commitment to these people in its *Annual Statement of Priorities 2006/07* (LSC, 2005). This was followed by its mental health strategy, *Improving Services to People with Mental Health Difficulties* (LSC, 2006). More recently the LSC’s continued commitment to these learners has been set out in its *Government Investment Strategy 2009-10, LSC Grant Letter and LSC Statement of Priorities 2009-10* (LSC, 2008).

The LSC has developed a successful partnership with the National Institute of Adult Continuing Education (NIACE) and the National Institute of Mental Health in England (NIMHE) to implement the strategy. This partnership has helped the LSC to align its work with the broader government agenda of inclusion, social justice, health equality and economic competitiveness.

In September 2008 the LSC published for consultation a refresh of the 2006 mental health strategy. Over 100 responses were received from learning and skills providers, other agencies and individuals with an interest in mental health and well-being in the FE system. This strategy builds on and broadens the previous one by acknowledging that there is a diversity of work that needs to be addressed if the vision for learners with mental health difficulties is to be fulfilled. There is much work to be done to dismantle barriers to participation and success in learning and skills for people who experience mental health difficulties. This can only continue and be embedded if we strive to promote and maintain the positive mental health and well-being of everyone who works and studies within the FE system.

Most of the respondents to the consultation applauded the LSC for its vision and commitment to learners with mental health difficulties and to the promotion of mental health and well-being within the FE system. Some questioned the breadth of this vision and the LSC’s place and ability to deliver such a far-reaching vision. However, I know there has never been a more necessary and opportune time to re-state the LSC’s commitment to learners with mental health difficulties and to promoting positive mental health and well-being within the FE system.

The LSC would like to thank the members of the Mental Health Strategy Task Group for all the work they have done in producing this strategy. Our thanks go to:

- **David Barker (Chair)** Percy Hedley Foundation
- **Steve Jackson** Department for Children, Schools and Families
- **Julie Lynes-Grainger** LSC
- **Julie Harrison** LSC
- **Kathryn James** NIACE
- **Penny Connorton** Carer representative
- **Michael Osbourne** National Social Inclusion Programme (NSIP) Reference Group
- **Mark Wilson** Department for Work and Pensions
- **Hana Ibrahim** Lifelong Learning UK (LLUK)
- **Annie Lau** Department of Health
- **David Morris** NSIP
The LSC is proud to publish this strategy. It represents the next step towards making England, by 2015, an international exemplar in providing high-quality post-16 learning and skills for people experiencing mental health difficulties in settings that promote the positive mental health and well-being of all.

Christopher N Banks
Chairman
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1: Introduction

Our vision

1 The LSC’s vision is that people who experience mental health difficulties should, by accessing learning and skills provision, be able to lead active and fulfilling lives as part of their communities and in education, training and employment, in a way that sustains mental well-being.

2 We believe that when people who experience mental health difficulties access learning and skills, the primary aim should be to support them to be successful in their learning, just as it is for any learner. Implicit in this aim is our commitment to supporting high-quality provision, and although there is a separate section on quality (Section 6) we recognise that the notion of quality improvement should run throughout all our plans to support people who experience mental health difficulties in learning and skills.

3 We also recognise that this vision must:

• involve the learning and skills sector as a whole, so that learners with mental health difficulties have equal access to the full range and diversity of provision in their area

• promote economic and social participation to enable learners to take a valued and active part in their provision and progress towards their goals in life and work

• be based on the notion of success and achievement, thus challenging the low expectations often placed on people who experience mental health difficulties

• be grounded in collaboration and partnership working with key stakeholders, including learners who experience mental health difficulties themselves, to ensure that they have holistic packages of provision that meet their learning, skills, employment and mental health needs

• acknowledge that mental well-being is fundamental to the achievement of a person’s aspirations and recognise that we should support the mental well-being of all staff, employees and learners

• seek to understand and tackle, along with our partners, the stigma and discrimination that prevent many people who experience mental health difficulties from achieving their goals.

4 This strategy takes in our overarching ambition for the sector, which is that by 2015, England will be an international exemplar in providing learning and skills opportunities for people who experience mental health difficulties (headline action: 22: see Annex A). Thus the strategy initiates and develops activity for long-term reform that will be continued after 2010 by our successors, the Young People’s Learning Agency, the Skills Funding Agency and the National Apprenticeship Service, through local authorities, providers and employers.

5 Throughout the strategy, we have highlighted in bold what our intended actions will be to improve access to and success in learning for people who experience mental health difficulties. We have provided an action plan (Annex A) which shows our intended actions together with our key partners. In the text, after the description of each action, there is a number in bold. This number corresponds to the headline action to which this description relates.

Context

6 In this document, we use the term ‘mental health difficulties’ to refer to those difficulties that people experience in accessing, remaining and succeeding in learning and skills and employment that arise from, impact on or relate directly to their mental health and well-being. We understand that this will not include all people with a mental illness. It may include people without a mental illness but with a poor sense of well-being. The term ‘difficulty’ therefore relates to a person’s prospect of participating and succeeding in learning and skills rather than relating to their mental health condition. For some people, mental illness and/or a low sense of well-being may create problems for them in learning and engaging with a learning environment. We also understand that many of the difficulties in accessing learning and skills lie within the attitude of others or may be caused by organisational or structural barriers to participation. These barriers to learning and skills may exist for other groups of learners, but the relationship between mental illness and/or a poor sense of well-being may make these barriers seem even more insurmountable and therefore people can be doubly disadvantaged in accessing and succeeding in learning. For some people it is a real and perceived fear and discrimination that prevents people from accessing and participating in learning. Therefore, in using the term ‘people who experience mental health difficulties’, we are trying to encapsulate the many and interrelated factors that affect a person’s opportunity to realise their goals, ambitions and potential through participation in learning and skills.
Although mental health problems can affect anyone, the LSC recognises that certain socio-economic factors increase vulnerability to poor mental health and well-being. These include living in poverty or on a low income, negative educational experiences and skills needs, unemployment, experience of racism and discrimination, being a victim of crime, violence, harassment or bullying, a history of offending, and having another disability or long-term limiting health condition. Within the LSC’s existing priority groups, there may therefore be learners who are experiencing mental health difficulties, which we need to be mindful of.

The LSC works within the social model of disability. This acknowledges that while people may experience impairments, too often the disabilities experienced by people are socially constructed. Thus someone with mental health difficulties may be disabled by other people’s fears and prejudices. For learners who experience mental health difficulties, these attitudes may be more disabling in the learning or training environment than the symptoms of the condition itself. Consequently we know that many providers find that when they have addressed the barriers to participation and their own perceptions about learners who experience mental health difficulties, the learning needs associated with a person’s mental health problems disappear. For this strategy to be effective, we must be alert to this and constantly challenge these negative assumptions in ourselves and in others working and learning within the FE system.

The LSC believes that its aim of promoting access to, and success in, learning and skills for people with mental health difficulties has a strong bearing on other agendas across government, such as the following.

**Health inequalities**: For many people who develop mental health problems in childhood and adolescence, the disruption to their education and the subsequent impact on their life chances entrenches the inequities that continue to undermine individual health and well-being and future participation in learning and in the labour market.

**Recovery**: Increased confidence, better self-esteem, feeling in control of one’s life and having a sense of hope and optimism about the future are synonymous with recovery whether one is free from the symptoms of mental ill-health or not.

**Personalisation and person-centred planning approaches**: These represent an opportunity to build services around the goals, aspirations and needs of the individual, and we need to ensure that all our services are learner centred. Participation in learning can increase people’s confidence and their ability to make informed choices and to get what they need from the various services they use.

**Stigma and discrimination**: We will, through our work with all learners, promote the equal rights of all our citizens, and through our work with employers, challenge the stigma that is a barrier to employment and social inclusion.

This document adopts the term ‘FE system’ to refer to a range of organisations that contribute to post-16 provision. Inclusion of all parts of the FE system in this strategy is imperative if we are to realise our vision. The FE system comprises:

- FE colleges and providers
- special designated institutions
- independent specialist providers and schools
- independent training providers
- large employers who contract with the LSC
- learndirect/UfI
- providers of personal and community development learning (PCDL) including local authorities
- providers of learning and skills for offenders
- school sixth forms
- special school sixth forms
- providers in the voluntary, community and faith-based sector (the ‘third sector’)
- information, advice and guidance services.

**Background**

The Social Exclusion Unit (SEU) report *Mental Health and Social Exclusion* (SEU, 2004) set out an agenda for the modernisation of mental health services so that people with mental health difficulties could be helped to access mainstream services, including better employment opportunities and the use of community facilities. The SEU report also sought to tackle stigma and discrimination by promoting greater social inclusion of people with mental health difficulties and challenge the culture of low expectations surrounding them. The report’s recommendations were taken forward across all government departments, including the Department for

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1 Recovery is defined by NIMHE as ‘what people experience themselves as they become empowered to manage their lives in a manner that allows them to achieve a fulfilling, meaningful life and a contributing positive sense of belonging in their communities’ (NIMHE, 2005; original emphasis). In this context it does not necessarily mean the absence of symptoms of mental illness.
Education and Skills (DfES) by the National Social Inclusion Programme (NSIP). As part of this work, the DfES Grant Letter 2005/06 to the LSC stated ‘a need to address mental health and social exclusion issues’ (DfES, 2004).

12 Our Annual Statement of Priorities 2005-06 (LSC, 2005) noted that the LSC ‘will respond to the Social Exclusion Unit’s report on meeting the needs of people with mental health difficulties’ and that it would ‘publish proposals to improve services to learners with mental health difficulties’ (LSC, 2005:24). This led to the publication of the LSC strategy Improving Services to People with Mental Health Difficulties in August 2006 (LSC, 2006). Responsibility for implementing the strategy rests with the Partnership Programme that exists between the LSC, the National Institute of Adult Continuing Education (NIACE) and the National Institute of Mental Health in England (NIMHE). Through our partnership with NIMHE, we have developed a national action plan with the NSIP, which leads the social inclusion work for NIMHE, as well as working with the Care Services Improvement Partnership (CSIP) in the regions.

13 In 2004, the LSC’s National Council endorsed the need for a strategic review of the LSC’s planning and funding of provision for learners with learning difficulties and/or disabilities across post-16 learning. This review led to the publication of Learning for Living and Work: Improving education and training opportunities for people with learning difficulties and/or disabilities (LSC, 2006). This strategy is the blueprint for LSC thinking and actions that, with our partners, we are taking forward to address the recommendations of Through Inclusion to Excellence (LSC, 2005).

14 Although the LSC’s mental health strategy was developed as a standalone document highlighting the particular needs of these learners, it has a bearing on the overview presented in Learning for Living and Work (LSC, 2006) and is integral to the LSC’s consideration of the planning and funding of provision for learners with learning difficulties and/or disabilities across the FE system.

15 This refreshing of the original strategy signals the LSC’s continued commitment to this group of learners, but also recognises that the world of education and training moves on. In Our Statement of Priorities 2008/09 (LSC, 2007), we committed ourselves to implementing this refresh of the mental health strategy, and along with our partners, will contribute through education, training and employment opportunities, to social inclusion and improved life chances for people who experience mental health difficulties.

16 To ensure that the needs of people who experience mental health difficulties are addressed, this strategy needs to be embedded within the LSC’s core business cycle and processes. The needs of these learners cannot be met through policy and strategy relating only to learners with learning difficulties and/or disabilities, but must be informed by, and inform, wider LSC activity and reforms.

Case study: Hannah applies to university

Today Hannah describes herself as ‘a much calmer person, a person that is making more friends, being able to share things about myself and generally having more of a life’, but it hasn’t always been like that.

Some years ago Hannah was diagnosed with depression, generalised anxiety disorder, obsessive compulsive disorder and borderline personality disorder. After trying hard for four years to study for a degree at university, eventually she had to withdraw from her course. She had become too unwell to continue, and was frequently self-harming and overdosing. She chose to spend a year in a residential therapy unit to try to overcome her difficulties. To some extent this alleviated her problems, but her mental health issues were complex and enduring, and things didn’t go as smoothly as she had planned after she left.

Hannah was referred to the Adult College in Lancaster by her psychiatrist but she was nervous about going, saying ‘it’s easier to be by yourself, you don’t have to show people the horrible person that you think you are’. Eventually Hannah gave college a go and it was tough; for a time her self-harming and destructive behaviours actually increased because of the stress. She dropped out of some courses, but she did persevere, and finally completed a course.

This gave Hannah a more positive outlook on herself. ‘It has made me feel less of a failure, and instead I’ve gained self-satisfaction because I’m achieving things again,’ she says. From there, Hannah has gone from strength to strength, combining courses at college with voluntary work. She regularly speaks, with great effect, at conferences and is a member of the Partnership Programme regional network. Hannah says, ‘College wouldn’t be for everybody, but as well as learning there is so much more to college life: gaining confidence, speaking to other people, starting to make friends, and you are not so isolated’. Now at the age of 29, 10 years after she first applied to university, Hannah has chosen to re-apply, and already has several offers.
17 This strategy must also link to the reforms that are transforming the FE system:

- Leitch Review (Leitch, 2006)
- Skills Strategy (HM Government, 2003; DfES, 2005)
- Every Child Matters (DfES, 2003)
- Valuing People Now (Department of Health (DoH), 2009)
- Further Education Reform: Raising skills, improving life chances (DfES, 2006)
- Framework for Excellence
- Foundation Learning Tier
- Integrated Employment and Skills services
- Delivering 14–19 Reform: Next steps (DCSF, 2008)

18 The Department for Children, Schools and Families (DCSF) and the Department for Innovation, Universities and Skills (DIUS) published the White Paper Raising Expectations: Enabling the system to deliver (DCSF and DIUS, 2008) with proposed reforms to education and training. As the LSC progresses through these Machinery of Government changes, it will be important to ensure that the needs of people who experience mental health difficulties are safeguarded both now and in the future.

19 Other reforms and activities across government are also contributing to improvements in the well-being and social and economic inclusion of people who experience mental health difficulties, in particular, the Government’s PSA 16 target which includes a focus on improving employment opportunities for people with severe and enduring mental health difficulties. This is captured in the commitment expressed in the recently published New Opportunities White Paper (HM Government, 2009). This strategy will endeavour to relate these broader agendas to its work of promoting access to, and success in, learning and skills by people who experience mental health difficulties. Some of the reforms that directly affect the aims of this strategy are:

- In Work, Better Off: Next steps to full employment (DWP, 2007)
- the Healthy FE initiative (DoH and DIUS)
- the Green Paper No One Written Off: Reforming welfare to reward responsibility (DWP, 2008)
- Opportunity, Employment and Progression: Making skills work (DWP and DIUS, 2007)
- New Opportunities. Fair chances for the future (HM Government, 2009)
- Vocational Services for People with Severe Mental Health Problems: Commissioning guidance: (NSIP, NIMHE and CISP, 2006)
- Work Skills: Unlocking talent (DWP and DIUS, 2008)
- Fair Deal for Mental Health (Royal College of Psychiatrists, 2008)
- Refocusing the Care Programme Approach (DoH, 2008)
- Making a Real Difference (CSIP)
- Working for a Healthier Tomorrow (Black, 2008)
- Health Inequalities: Progress and next steps (DoH, 2008)
- Delivering Race Equality in Mental Health Care (DoH, 2005).

20 Through our partnership with NIACE and NIMHE we have been able to incorporate the learning and skills agenda into the implementation of the National Social Inclusion Programme (NSIP) action plan and through our work with CSIP in the regions. CSIP regional employment leads have responsibility for the implementation of PSA delivery agreement 16 on increasing employment rates for people with severe and enduring mental health difficulties. The work of the regional programme officers in partnership with the regional employment leads has shown how partnership working at a regional strategic level can create more integrated approaches to improving social and economic participation for those who experience mental health difficulties.

Case study: Partnership Programme

In the East of England region, the NIACE regional project officer and the regional employment team programme manager recognised early in their posts the importance of bringing the employment and learning & skills programmes together to build capacity and strengthen the work of both programmes. This was achieved through recognition of each other's skills and the strengths they could bring to the other person's programme.

What emerged were two robust but entwined action plans that complement and support both programmes, the opportunity to provide a greater

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2 The Making a Real Difference initiative is operated by the Care Services Improvement Partnership (CSIP) and was launched in response to the Department of Health White Paper (DoH, 2006). See http://mard.csip.org.uk
spread across the region, better marketing of both programmes, shared outcomes and the ability to reach a larger number of stakeholders.

An example of this is when 18 months ago the decision was made to merge the regional employment network with the existing partnership network, which consisted of representatives of NIACE, the LSC, the National Institute of Mental Health in England (NIMHE) and the Care Services Improvement Partnership (CSIP). This brought together a wide range of people and resulted in strong partnership working.

The network has grown and the enthusiasm of the members goes from strength to strength. Administration, although formally provided by the regional employment team, covers the shared agenda and allows more opportunities to be pursued. More recently, the network has recruited a new member to provide service user input in a paid capacity and to support the achievement of the shared agenda.

Other partnership activities have included:

- development of a shared virtual learning environment using the NIACE Moodle platform
- a joint survey of employers in the region
- joint regional conferences
- research activity working in partnership with EIP services in the region.

21 Progression through Partnership (DCSF, DoH and DWP, 2007) is a joint strategy which responds to the recommendations made in Learning for Living and Work (LSC, 2006). It shows how government departments must work together to ensure that young people and adults with learning difficulties and/or disabilities achieve the education, training and employment they want and need in order to be able to live fulfilling lives in their local communities.

22 Progression through Partnership ((DCSF, DoH and DWP, 2007) cites the LSC’s mental health strategy and the Partnership Programme and highlights the ‘need to develop and share expertise in providing services for this group’, pointing to the work the LSC does in partnership as a ‘real opportunity to change the climate of support for this group’ (DCSF, DoH and DWP, 2007:14). The report continues, ‘we expect our delivery partners to continue to explore solutions and improve access to support services’ (ibid.). This LSC refresh strategy for learners who experience mental health difficulties responds to this
2: Communicating our Priorities

23 In order to take forward our vision, we must ensure clear and consistent communication. We want to make sure that the sector has a clear understanding of our vision for learners who experience mental health difficulties, and that this vision will be implicit in all our work with our partners and fellow agencies.

24 The LSC and its successors (the Young People’s Learning Agency, the Skills Funding Agency and the National Apprenticeship Service) have a legal duty under the Disability Discrimination Act, Disability Equality Duty and the Single Equality Scheme to realise this vision, but it is also our desire to fulfil this vision. We believe that there is a strong social and business case for ensuring that people who experience mental health difficulties can access and succeed in learning and skills. This belief is underpinned by the DfES Grant Letter to the LSC, 2005/06 (DFES, 2005), the LSC’s Annual Statement of Priorities 2005-06 (LSC, 2005) and reiterated in our Statement of Priorities 2008/09 to 2010/11 (LSC, 2008), and in our continued support for and involvement in the Partnership Programme led by NIACE. The provision of learning and skills for people who experience mental health difficulties is an important factor in reducing their social exclusion, social isolation and worklessness. By realising our vision, we can support people who experience mental health difficulties in being active members of their communities and playing a valued role in the workforce.

25 In the context of the Machinery of Government changes, we will communicate our vision through close working arrangements with local authorities and through our LSC Skills teams so that the needs of people who experience mental health difficulties will continue to be addressed by the newly formed Young People’s Learning Agency, the Skills Funding Agency and the National Apprenticeship Service. By strongly communicating our vision, we will ensure that our commitment to prioritising this group of learners will pass to the newly formed agencies, and their needs will not be lost when the new agencies assume responsibility for planning education and training provision.

26 We are determined to involve learners and service users in the development of our policy because we know we cannot achieve our vision without listening to and involving people who experience mental health difficulties in its development. We will continue to support the work of national and regional learner panels and ensure that learners who experience mental health difficulties are supported and included within all mechanisms for involvement. In Section 3 we say more about how we will do this but already learners and service users have been involved in the development of this strategy and we are thankful to the many learners and service users who responded to the consultation. This has been enormously helpful in shaping our thinking and in adding value to the work we are doing.

27 It is crucial that we communicate our vision to employers and listen to the views and experiences of those who are involved in both open and supported employment of people with mental health difficulties. There is still a great deal of reluctance and misinformation among employers about employing and/or retaining people who have mental health difficulties. The LSC will not be able to achieve its vision unless we challenge the stigma and discrimination within the labour market about mental health, but we must also develop positive strategies to support employers in recruiting, training and reskilling people with mental health difficulties.

28 To achieve our vision, we must lead by example. In 2007, the LSC National Office signed up to become a mindful employer (www.mindfulemployer.net) and through our commitment we want to ensure that we are an exemplary employer in the recruitment and retention of people who experience mental health difficulties within our own workforce. In 2007, we developed a plan to give our mindful employer charter meaning and impact but we know we need to do more to support our colleagues across the LSC, both at the National Office and in regional offices. We also believe that this work needs to sit within the work that we are doing to implement the Single Equality Scheme. We want to encourage our partners and other agencies to sign up to become mindful employers. We were very encouraged by the overwhelmingly positive response to our consultation and have noted the responses on the need to promote whole-organisational approaches to well-being in the workplace.

29 Through the provision it funds, the LSC is a major contributor to the education and training of the nation’s workforce. Work is continuing across government to
improve the health and employment prospects of working-age people. We believe that by supporting our delivery partners to develop whole-organisation approaches to mental health and well-being awareness, disability awareness and anti-discriminatory practices, we can contribute to creating a healthy, skilled labour market for the future. **We will support providers who want to become mindful employers and create learning and training environments that are 'mental health friendly' (headline action 2 and 3: see Annex A).**

30 We need to communicate our vision and the implementation of our strategy to our partners and other stakeholders. While better links between services have been made over the past decade, there is still much to do to improve partnership working. We need to do more to promote the positive impact that participation in learning and skills by young people and adults can have on increasing their economic and social participation, preventing social exclusion and promoting social inclusion and recovery. We must be clear about what we cannot fund and deliver so that we do not raise false expectations. By communicating our vision and strategy effectively, we will develop our joint work with stakeholders and agencies and support our providers and other agencies in developing clear arrangements for funding and for working together.

31 Above all, we need to communicate our vision and commitment to people with mental health difficulties, especially those who are most disadvantaged in the labour market and who are at greatest risk of becoming, or remaining, socially excluded. This includes people from black and minority ethnic communities, older people, homeless people, people with disabilities and ex-offenders. We need to convey that we welcome and value the participation of all people with mental health difficulties in all their diversity in the FE system and promote awareness of the personal benefits of their participation. We will do this by working in partnership, particularly with service users, carers and the voluntary and community sector.

**Case study: Well-being in the workplace**

As a large FE provider, North Devon College takes its responsibility for the well-being of staff very seriously. A stress champion has been nominated from the human resources department who ensures that the college meets its duties under relevant health and safety legislation and tries to ensure that stress on staff is minimised. The stress champion works with individual members of staff as well as promoting whole-organisation approaches to managing stress levels, for example by training middle and senior managers to recognise and minimise stress and helping staff manage workloads and responsibilities. The college has produced a self-help guide to managing stress and has developed a soft-touch approach to monitoring sickness absence.

The college runs a programme of activities to promote well-being for staff and students. This has involved learners from curriculum areas such as hair and beauty providing reflexology and massage sessions and students in sports studies leading physical activities. Sessions on food and exercise have also been provided to raise awareness of the link between diet, exercise and mental well-being. This has had a very positive impact in the college with feedback from staff indicating that they do feel the benefit. An unintended outcome is that it brings staff together; one spin-off is the establishment of a running club and a climbing club for staff.

The college also provides two or three sessions each term for staff and students on mental health awareness.
3: Learner Involvement

32 Our commitment to learner involvement will underpin and inform our work with people who experience mental health difficulties. We want to ensure that we can enhance the opportunities available to all by listening to and involving people who experience mental health difficulties at all levels and in many different ways. This may include people who experience mental health difficulties who are already involved in learning, as well as those who still face barriers to participation.

33 The LSC has established a National Learner Panel to advise government on how proposed changes in FE in England will affect all learners. We will ensure that learners with disabilities, including those experiencing mental health difficulties are included in our arrangements for genuine learner involvement. We have also developed other ways to listen and involve learners, including learners who experience mental health difficulties. We are exploring a variety of other ways to capture the views of people with learning difficulties and/or disabilities, which will include people with mental health difficulties, which can be sustained beyond 2010.

34 Because of their experiences, learners who experience mental health difficulties are the experts on what it takes to participate and succeed in learning while contending with mental health problems. Listening to and involving learners can therefore not only help the LSC shape and define its thinking about services for the future, but will also help us develop models and examples of involvement that can be emulated by our providers. Involving learners will contribute to ensuring that the LSC and its providers comply with the Disability Discrimination Act, the Disability Equality Duty and the Single Equality Scheme. Organisations have much to gain from involving learners who experience mental health difficulties and the LSC will seek to capitalise on this in its drive towards providing high-quality, exemplary services. The LSC Task Group that oversees the development of this strategy and the work of the Partnership Programme are two examples of this approach, and the LSC acknowledges that this work is strengthened by their involvement.

35 While the LSC is very clear about the value of learner involvement, the responses to the consultation highlighted for us the breadth of understanding and opinion about what learner involvement means and how best to develop meaningful and sustainable models of involvement, particularly as we move towards more integrated and collaborative provision and support. We were encouraged by the examples of good practice in learner involvement and know that we can do more to enable others to learn from this.

36 Learner involvement must be meaningful if it is not to risk becoming mere tokenism or even damaging to those involved. The LSC will make sure its processes for learner involvement are transparent, consistent, respectful and built on accepted good practice. We will encourage and expect learning providers to put in place proper procedures for learner involvement. This will include being clear about the purpose of involvement, providing the information learners need in order to become involved, and developing structures to encourage representation by learners.

37 The LSC recognises that for learner involvement to be truly representative and to make the most of all the gains to be had from their involvement, we need a clear understanding of what is meant by involvement, the various frameworks for ensuring involvement, and the necessary support structures and arrangements that need to be put in place. The LSC feels that more needs to be done to showcase and disseminate good practice in learner involvement, particularly by learners who experience mental health difficulties, and to build a better understanding of all the different ways in which learners can be involved. This will include guidelines for appropriate payment of expenses and fees for involvement (headline action 4: see Annex A).

38 The Single Equality Scheme will help to ensure that people who face multiple disadvantages are included and involved. By ensuring diversity in the type of learners involved, we can gain a better understanding of the way learning and training affect people’s lives and how we can improve services in the light of this understanding.

39 Learners themselves also benefit from involvement. First, there is the increased likelihood of improved services for themselves and others. As importantly, meaningful involvement can foster a sense of achievement and empowerment in learners which can lead to an improved sense of well-being. It can also see learners gaining useful skills for their day-to-day lives. The LSC recognises the value involvement has for the individual and will seek to maximise these benefits as a means to promote social inclusion, civic participation, recovery and employment opportunities.

40 The LSC wants to build the capacity of all learners who experience mental health difficulties to become involved in developing high-quality educational and training opportunities. Failure to do so may mean that we do not capture the diversity of the learner experience. Moreover, over-reliance on a small number of learners can lead to burn-out and the risk of deteriorating mental health for those who are involved. Naturally, the LSC and the FE
system will benefit from this increase in learners’ capacity to be involved, but we can also be the main source of capacity building itself. The LSC wants to encourage providers to develop opportunities to help people develop involvement skills, such as the expertise required for meetings, research, training and giving presentations. This will mean that more learners will be able to contribute at different levels of involvement. Acquiring such competencies will have a beneficial effect on the quality of the learner’s involvement, and for those that wish it, it is an opportunity to build up a CV for involvement, which could lead to paid employment in, for example, research, advocacy, training or consultancy. The LSC will work with our partner agencies to scope and disseminate good practice in developing learner involvement, particularly where this includes accredited opportunities. We will ensure that courses that develop the skills required for involvement are part of the Foundation Learning Tier and the Qualifications and Curriculum Framework (headline action 4: see Annex A).

Case study: Learner involvement

A learner-led self-help support group called the Well Being Group was set up at Newcastle College and already the benefits to all are obvious.

Using the advice of a mental health service user group in the community on how to get such groups up and running, the learner group at Newcastle College had its inaugural meeting in March 2008. The learners established a set of ground rules, agreed how they wanted to develop the group and arranged a regular time to meet. The learners worked with the mental health support team and the Student Union to secure resources and publicise the group to learners across the college. The Student Union also organised a welfare week at the college and the Well Being Group was part of that event.

The college marketing team also helped out by creating an iconic image for the group, which was designed to be recognisable to learners with literacy needs and to those speaking English as a second language. A second meeting was held to look at substance misuse and was very well attended with positive outcomes such as students who don’t normally mix coming together to learn and talk about an issue that they felt affected them.

Since then, the Well Being Group has gone from strength to strength and now meets fortnightly for a full programme of activities. One session will provide feedback to the college’s mental health services. Other benefits include learners increasing their social networks and learners independently looking at issues of well-being and other subjects that interest them.

The benefits are felt by others as well. On realising the importance of well-being at work, the vice-principal signed the college up to become a mindful employer, the first to do so in the North East. The human resources team has used the template for learner involvement to set up something similar for staff. Overall there is a move to make the college a mental-health-friendly place and to tackle the stigma associated with poor mental health. Referral agencies working with people with mental health problems have heard about the positive work going on and have been more ready to refer people to learning at Newcastle College. A local occupational therapy team also meets with the college to set up protocols for getting people with complex needs into college.

Jeff Morgan, manager for mental health at Newcastle College, says: ‘This isn’t just about promoting well-being because it is a good thing to do, it’s also good business sense. It helps with the recruitment and retention of learners who experience mental health difficulties. Awareness has been raised and some young people have sought help for worries before they have problems. It’s also bringing about a change in the culture of the college.’
41 The LSC recognises that working in partnership is essential to fulfilling its vision for people who experience mental health difficulties; that is, that they should, by accessing provision, be able to lead active and fulfilling lives as part of their communities, and take part in employment in a manner that sustains good mental health and well-being.

42 Mental health difficulties can affect anyone, regardless of age, background or life experience. Recovery from mental health problems and the way that people rebuild their lives after a period of mental ill-health are unique to each individual. Therefore, the LSC and its delivery agencies will need to work with many different types of organisation to ensure that the needs of such people are met as they progress on their journey. Working in partnership will also enable the LSC to develop a shared understanding and language, avoid the duplication of services and thus secure more effective use of public funds.

43 As the LSC moves through the Machinery of Government changes and the Young People’s Learning Agency (YPLA), the Skills Funding Agency (SFA) and the National Apprenticeship Service (NAS) are established, it is especially important that the foundations of solid partnership working are laid so that working arrangements between organisations can transfer smoothly to the new agencies. Existing working relationships between our delivery agencies and their partner organisations must not be disrupted, and we must make sure that the needs of learners with mental health difficulties are not overlooked or lost.

44 The YPLA will have responsibility for the education and training of young people aged 16–19 years and up to the age of 25 for those with learning difficulties and/or disabilities (including those who experience mental health difficulties). The SFA will also have a range of responsibilities for people over the age of 19 with learning difficulties and/or disabilities and DCSF and DIUS are discussing the arrangements from September 2010 onwards for funding and the associated processes.

45 Adolescence and early adulthood can be a vulnerable time for the onset of mental health difficulties. The transition to adulthood and stressful events such as leaving home, being bullied or starting university can trigger mental health problems. Young people may not have previously required any special educational or additional support, but where distressing symptoms occur, services will have to work in partnership to provide the young person with timely mental health support, as well as support to help them remain in or return to education and training, thus reducing the risk of social exclusion.

46 It is proposed that the Learning for Living and Work Assessment Framework (LSC, 2008) will incorporate the Common Assessment Framework (DCSF, 2006) and guidance to Section 139A of the Education and Skills Act 2008 (HM Government, 2008), which look at the health, social care and learning and skills needs of all young people from year 9 onwards. Young people can be assessed up to the age of 25. Local authorities have to ensure that, in partnership with Connexions services, local authorities, child and adolescent mental health services (CAMHS), early intervention in psychosis (EIP) services, pupil referral units, young offender institutions and other relevant agencies that young people who acquire mental health difficulties may come into contact with during those years, are assessed in a way that enables the LSC to distinguish provision and support that meets their education and training needs from provision that would not. The assessor will need up-to-date information about education and training provision and relevant support services. The Learning for Living and Work Framework can be used to collate this information and ensure that a holistic and consistent approach is taken to ensure a young person’s entitlement to education and training is appropriately fulfilled.

47 It is also our intention to support our providers to develop links with CAMHS and EIP services (headline action 5: see Annex A). Too many young people with mental health problems do not get the support they need to remain in education and training and we hope that by supporting our providers to work in partnership with CAMHS and EIP services and to disseminate existing good practice we can address this need.
A high proportion of all young offenders had evidence of several mental disorders. In all sample groups, at least 95 per cent of inmates were assessed as having one or more disorders.

Case study: Back on track
A partnership between local FE colleges in Portsmouth and Headspace, Portsmouth’s mental health service’s early intervention in psychosis (EIP) team has developed a project to support 12 young people aged between 16 and 25 whose education has been disrupted by mental health problems back into learning. Individual vocational aspirations are nurtured and maintained by the use of individual learning programmes that enable the young people to explore different subjects, develop skills and build their confidence to progress to further study and/or paid or voluntary work. As part of the partnership, Headspace has:

- assessed the educational needs and expectations of the young people
- provided training to college staff on mental health awareness and the support needs of young people with psychosis
- supported the young people in staying engaged with their learning
- developed individual crisis and contingency plans
- formulated risk management plans and evaluated the project.

The colleges have:

- identified suitable courses and funding
- allocated resources
- provided support including mentoring
- offered vocational advice and guidance
- delivered the learning programmes.

After completing her course, one learner wrote:

‘There are still some days when I want to stay in but now I have the choice! There is nothing stopping me from going out anymore. I stay in because I choose to, not because I have to. Having that right is the best feeling in the world!’

In 2008, approximately 105 young people were in adolescent forensic units (AFUs) and a further 2,450 young people were in young offender institutions (YOIs). Young people in AFUs have severe mental illness and evidence suggests that an estimated 95 per cent of young people in YOIs have mental health difficulties (Lader, Singleton and Meltzer, 2000). Many of the young people in these services will be in centres out of their home catchment area. The LSC will work with local authorities to make sure that young people in these services receive the same entitlement to assessment so that they can access learning and skills opportunities in their home area or the area in which they will resettle (headline action 9: see Annex A).

Adults who experience mental health difficulties have access to learning and skills through LSC-funded provision (and from 2010, provision funded by the SFA). Provision will need to reflect the very diverse learning needs of this group of learners, which includes people who have:

- long-term and ongoing mental health problems
- experienced one episode of mental ill-health
- few or no qualifications
- no previous work experience
- high skill levels, good qualifications and a successful work history
- fluctuating mental health problems
- complex and multiple mental health needs.

Our delivery partners, particularly those in general FE colleges and at PCDL locations, have, over the past two decades, developed good partnership working with the community teams of mental health trusts and forged links with teams operating day services. The LSC wants to help to develop this successful partnership work to foster regional and local consistency. A learner should be able to access good-quality provision, wherever they live. The LSC will encourage providers to share good practice on collaborative working and tackle the barriers to joint working that still exist in some areas.

Partnership working between work-based learning (WBL) providers and community mental health teams and day services is less well developed, despite the focus of mental health services on supporting their service users into employment. Through our Single Equality Scheme strategy, we have prioritised the development of an action plan that challenges and changes current participation trends of learners with learning difficulties and/or disabilities, including those who experience mental health difficulties, in work-based learning. Through our Partnership Programme, we aim to increase the participation of learners with mental health
difficulties in work-based learning and to build the capacity of our providers to work more effectively with partner organisations in mental health trusts. We wish to pass on to the Skills Funding Agency stronger arrangements for learners with mental health difficulties to access and succeed in work-based learning (headline action 7: see Annex A).

52 An estimated 90 per cent of people with mental health problems receive mental health support through primary care services, but the learning and skills sector does not have a strong tradition of working with these services. Participation in learning can have a positive impact on mental well-being and evidence suggests that this is most marked for people with common mental health difficulties such as depression and anxiety. The development of Improved Access to Psychological Therapies (IAPT) within primary care is being linked with Pathways to Work so that work and healthcare form a seamless package. The role of employment support advisors will be to provide information, advice, guidance and practical help to people receiving IAPT services on a range of topics such as retaining employment, exchanging employment for a more suitable role, returning to work after a period of sickness absence and accessing work after a period on welfare benefits. Some people accessing IAPT and/or Pathways to Work may want or need to develop their skills at any one of those points, so we need to explore how this can also be part of the seamless package. Already work is under way to ensure that the condition management programme* is within a Progression Pathway of the Foundation Learning Tier, illustrating the joined-up approach that we want to support.

53 We also want to explore with our partners in the Department of Health and Department for Work and Pensions how such services will exist alongside existing information, advice and guidance (IAG) services for adults and the new Integrated Employment and Skills services which should improve access to employment and learning and skills for people who experience mental health difficulties. As these initiatives are piloted in certain regions, we want to explore with our colleagues the positive impact these initiatives are having on improving the employment prospects of people with mental health difficulties, and to work with them to address any gaps in support or provision (headline action 6: see Annex A).

54 Some people who experience mental health difficulties receive support to access employment from vocational rehabilitation services in NHS trusts. Some approaches (such as the individual placement and support model) have shown promising results in getting people who experience mental health difficulties into open employment and further education. Supported employment agencies also have an important role to play in helping people who experience mental health difficulties to enter the workforce. Work is being done to show how this model can support the transition from FE to employment. We need to understand what it is about such schemes that make them successful, particularly when they are able to support people with severe and enduring mental health difficulties into work. If these models of good practice are rolled out more extensively, we need to know what makes them work, and what skills staff employed within them need to possess. Finally, we need to know how we can align these models with work-based learning and training so that we can begin to open up opportunities such as apprenticeships and Train to Gain for people who experience mental health difficulties. We believe that there is much to gain from exploring and developing these options. It will result in better packages of support for our delivery partners and employers and allow us to align specialised support with the existing provision and infrastructure. Overall, we all benefit from the creation of a more diverse, but skilled, workforce.

55 In Section 2 para. 31 we said that we would be more mindful of other LSC priority groups. Family learning, for example, can break the cycle of intergenerational economic and educational disadvantage experienced by some families, which can impact on and increase vulnerability to mental health difficulties. Carers, and in particular young adult carers, can experience social isolation and exclusion which impacts on mental health and well-being. We want to support our partners to develop multi-agency approaches and joint commissioning so that those who experience multiple barriers to participation in learning can take up, succeed in and enjoy the opportunities available. We also want to ensure that our delivery partners prioritise the use of developmental learning budgets, and that local authorities and third-sector providers can support participation in learning and progression where this is sought by the learner (headline action 17: see Annex A).

56 It is known that many carers in FE are disabled and/or not in education, employment or training (NEET). Support strategies will enable this cohort to develop, and will provide them with appropriate opportunities to enable them to get back into work. Under the Carers Equal Opportunities Act 2004 (HM Government, 2004), carers ‘have a right to have their learning and work needs assessed as part of the carers’ assessment procedure’. The LSC will work with the Information Authority to enable carers to be identified on the Individualised Learner Record (ILR), thereby ensuring access to information, advice and guidance, appropriate support and, where relevant, fee remission. The LSC will review support strategies to enable this cohort to develop

* A condition management programme is a work-focused programme designed in response to the main conditions reported by those claiming incapacity benefit with an emphasis on enabling the customer to better manage their health conditions, and to improve their quality of life and employability.
and will provide them with appropriate opportunities to encourage them back into the workplace post-learning (headline action 8: see Annex A).

Case study: Encouraging retention

Realisation of the importance of supporting young people to remain in education promoted Dr Annie Lau of the North East London NHS Foundation Trust to explore the levels of partnership working between EIP services and learning providers in London. A total of 25 EIP teams were asked to collect data on participation in learning among their clients as a whole and among their clients from black and minority ethnic communities. Qualitative evidence was also gathered about clients’ experiences in accessing learning opportunities and whether successful partnerships with local learning providers already existed.

The research found that while there are still major barriers, there are encouraging developments and examples of strong partnership working. Where these partnerships are flourishing, the impact on the young people’s participation, attendance and success is profound. At Lambeth College for example, growing confidence in the partnership resulted in a 400 per cent improvement in attendance and a 300 per cent increase in the number of learners progressing onto mainstream college courses.

57 We want to make our links with the Department of Health Delivering Race Equality Action Plan (DoH, 2005) more explicit. The national Count Me In census (Health Care Commission, 2005; 2006; 2007; 2008) indicated that Black Caribbean, Black African and mixed-race service users had a six-to seven times higher chance of being admitted to mental health inpatient units under the Mental Health Act 1983. These categories of service users are also disproportionately represented in secure mental health units, prison services and young offender institutions. It is particularly important in our partnership working with trusts that we pay attention to the strategies needed to engage this group in learning and focus on what is most likely to contribute to better learning outcomes.

58 Some people with mental health difficulties may have more complex needs, such as those who use drug and alcohol dependency services, ex-service personnel who have post-traumatic stress disorder or people with a diagnosis of personality disorder. By working in partnership with learners with those needs, and with services that support them, we will develop more inclusive provision that supports their learning needs (headline action 8: see Annex A).

59 In our Annual Statement of Priorities 2008/09 to 2010/11 (LSC, 2007), we stated our commitment to offenders in custody and to those serving their sentence in the community. Mental health problems are particularly prevalent among the offender population, particularly those in custody, so we will work closely with our colleagues in the Offender Learning and Skills Service to ensure that we are better able to meet the learning and skills needs of offenders with mental health problems (headline action 8: see Annex A).

60 Education and training are provided within the forensic services in health and criminal justice settings and through the NHS or independent sector. A review of the education and training provision offered within forensic services, including the efficient use of resources, is timely and we will discuss this with our partners in the Department of Health (headline action 9: see Annex A).

61 This section has focused on partnership working and how it can help us to develop better learning and training opportunities for people with mental health difficulties. We know that if we are also to promote better mental health and well-being for all who learn and work in the FE system, we will have to develop partnerships with other agencies and organisations. We will promote the work of the Department of Health on Healthy FE (headline action 12: see Annex A). In Section 6, we state how we work with our partners in the Learning and Skills Improvement Service (LSIS), Ofsted and Lifelong Learning UK (LLUK) to support the training and professional development needs of staff working in the FE system.
5: Planning

One of the most pressing issues that the LSC has been addressing since the publication of Learning for Living and Work (LSC, 2006) has been the collection of data on the participation, retention and achievement of learners with learning difficulties and/or disabilities. These issues apply equally to learners who experience mental health difficulties but there are additional factors affecting this group that have a negative effect on our ability to plan and commission provision.

Mental health difficulties can affect a person’s confidence to access services, and may lead an individual to think that education and training is not for them, and that they would not be welcome. We know, and the responses to the consultation tell us, that we can do more to stimulate demand for learning among people with mental health difficulties. We need to do this by working in partnership with referral agencies, supporting the work of information, advice and guidance services, involving learners with mental health difficulties as learning ambassadors (headline action 10: see Annex A). It is only by understanding the full extent of the demand for learning among this group that we can plan and commission the most appropriate provision.

One of our major concerns is the level of self-declaration among learners with learning difficulties and/or disabilities, and we are particularly concerned about levels of self-declaration among learners with mental health difficulties. Research shows that people are often fearful of disclosing mental health problems in a variety of situations\(^5\) although we know of no research that looks specifically at disclosure in education and training contexts. We do know, however, that in some types of provision, the number of learners declaring mental health difficulties is very low. For example, within the ILR data for 2006-07 we see that only 1 per cent of learners on apprenticeships declare a mental health difficulty. At present, it is unclear whether this is because learners with mental health difficulties are absent from some areas of provision, or whether they feel unable to declare their mental health needs and therefore their learning support needs may not be met. If we want to make all provision within the FE system accessible to people with mental health difficulties we must understand what the real situation is. Declaration of mental health is a personal choice but it becomes important when mental health difficulties affect the person’s ability to access and succeed in learning. In these circumstances, declaration of mental health difficulties should trigger the provision of additional learning support to meet individual learning needs.

We will do more to support providers to enable self-declaration and learners to make informed decisions about whether to declare mental health needs (headline action 11: see Annex A).

Understanding barriers to participation, boosting demand for learning and skills and ensuring that learners can declare mental health difficulties when appropriate will assist in our planning of provision. This activity has to sit alongside activity that is already being carried out through strategic area reviews and other mapping exercises that help us to identify gaps in provision. These activities need to be carried out in the context of the Single Equality Scheme so that we are mindful of the multiple disadvantages that some individuals with mental health difficulties face. This could include people from black and minority ethnic communities, speakers of languages other than English, Travellers, ex-offenders, people who are homeless, people who use drug and alcohol dependency services and young people who are not in education, employment or training. As our intelligence base becomes greater, so we will develop more detailed regional plans that will help us to set priorities and plan effective provision.

Case study: A whole new me

Sarah is a housewife and mother who spends most of her time at home doing things for everyone else. She felt ‘stuck in her shell’, her self-esteem and confidence were very low and she had started seeing a counsellor to help with her depression. It was her counsellor who suggested college, something Sarah had always thought of but never saw as a possibility for her. She had missed a lot of school when she was younger and had never dreamt of improving her skills.

Sarah took the plunge and enrolled on a confidence-building course at New College Nottingham. At first the college support worker accompanied her to class. However, soon, Sarah felt less nervous as her confidence grew and she was ready to take on another course. Sarah chose computing and then added some basic skills classes.

\(^5\) De Ponte, Wright & Bird (2000) report that 74 per cent of respondents to a survey did not mention their mental health problems on application forms and 55 per cent did not tell work colleagues.
Case study: Proper planning for progression

Working with local partners and with support and funding from LSC Suffolk, Parkside Pupil Referral Unit is, over two years, testing a practical solution for its learners (particularly those who have mental health difficulties) to ensure effective planning and support for their progression. The project, now in its second year, offers a template for the local authority to improve commissioning and progression outcomes for this group of learners by enabling their preparation for leaving school to start earlier (in Year 10) and by creating a virtual sixth form, or Year 12.

Parkside’s learners have a wide range of social backgrounds and circumstances. A high proportion have specific mental health difficulties. Many face difficult and diverse challenges in their lives. The school realises how important it is for it to be able to contact and work in partnership with the local child and adolescent mental health service (CAMHS) to meet these learners’ needs.

Parkside trialled a small, supported Year 12 for its pupils and results indicated that an extra year for learners worked well. Of the 10 young people who accessed provision at Year 12, seven were still in learning after a year. Following the trial, the school was keen to test the model further and looked for a way to make it sustainable, including discussions with the local area LSC.

Further funding has enabled Parkside to:

- employ a co-ordinator
- plan properly for progression
- pay for additional staff hours to deliver bespoke learning support packages
- improve and manage its work with local partners to get the best outcomes for individual learners.

The personalised tailored packages of support for these learners at college, in work-based learning, in employment or in volunteering, are enabling them to sustain their chosen career or learning route beyond the all-important first year after leaving school. So far, results from the first year are good. Work with local partners has improved and co-ordination by the school is maximising the opportunities and effectiveness of what other agencies are able to offer individual learners.

We envisage that regional LSCs will prioritise their development work according to the emerging pattern of gaps and trends in provision and learning difficulties and/or disabilities. We want to support innovative provision that reaches out to excluded groups, but we also want to ensure that the good practice that is developed in each region can be shared nationally and that duplication of funding and resources is avoided.

Since the publication of Learning for Living and Work (LSC, 2006) we have been working to improve the process and procedures used to collect data about learners with learning difficulties and/or disabilities. The Managing Information Across Partners (MIAP) network has been working to get greater consistency in the definitions used by agencies and partners with the aim of fulfilling the data-collection principle of ‘collect once, use many times’. The LSC, DCSF and DIUS are working to establish common definitions of learning difficulties and disabilities with a long-term goal of full alignment across the special educational needs and post-16 education landscape. This should be compatible with the Pupil Level Annual School Census (PLASC) data and will give us a clearer understanding of participation trends among young people with learning difficulties and/or disabilities, including those with mental health difficulties.

Many people affected by mental health problems do not develop them until adulthood, making it hard to identify and pin down participation trends for this group. In Learning for Living and Work (LSC, 2006), we committed to working more closely with Jobcentre Plus to understand the learning and skills needs of people with learning difficulties and/or disabilities who are claiming jobseekers’ allowance and incapacity benefit. Some 40 per cent of people claiming incapacity benefit cite mental ill-health as their primary disability, so this is particularly relevant for this group of learners. As the welfare reforms come on board and the employment support allowance is introduced, we should get a clearer understanding of adult participation trends and work with our colleagues to understand, plan and commission provision that more closely meets the learning and skills needs of people with mental health difficulties.
6: Quality

69 The LSC cannot achieve its vision for improving services to people who experience mental health difficulties unless we develop services that are of the highest quality. The development of high-quality provision is:

- led by well-informed staff from across the whole of the LSC and its successor agencies, the Young People’s Learning Agency, the Skills Funding Agency and the National Apprenticeship Service
- applies to all providers across the FE system
- applies to all staff in the FE system
- applies to all aspects of the FE system, teaching and non-teaching
- incorporates a whole-organisation approach to quality improvement in all types of provision.

70 Good-quality provision supports success and achievement in learning and training, which in turn promotes social and economic participation and helps to destigmatise mental ill-health.

71 The LSC recognises that quality improvement must also be part of the drive to develop healthy environments in which people can learn and work. The National Healthy FE Framework6 will be developed with the FE sector and other representative bodies to improve access to health-related information, advice and guidance at all colleges. It will also develop a cross-college approach to individual personal and social development.

72 Our drive for quality improvement will be based on the notion of inclusive learning, an approach that provides the best match with the individual learner’s goals, aspirations and support needs. In the past there has sometimes been an over-reliance on discrete provision for learners who experience mental health difficulties. While we acknowledge that there is sometimes a need and a place for discrete provision, we wish to see learners who experience mental health difficulties having equal access to the range and diversity of provision across the FE system. We will work with our partner agencies and providers to ensure that, wherever possible, all learners who experience mental health difficulties can access or progress to mainstream education and training opportunities across the range of provision. We want to ensure that we make full use of the Disability Discrimination Act in making reasonable adjustments as necessary.

73 We have stated our commitment to learner involvement in Section 3 of this document. Our drive for quality improvement will contain opportunities to involve learners with mental health difficulties. We believe this is best achieved using a whole-organisation approach. All sections of a learning and skills provider, including marketing, estates management, learning support, senior management, human resources, governors and so on, have a responsibility and a role to play in ensuring that people who experience mental health difficulties can be involved in developing high-quality education and training opportunities.

74 Within this whole-organisation approach, we envisage a strand of quality improvement that is about provision. Within this strand, we have identified three areas that we think we need to focus on:

- barriers and blockages to the development of high-quality provision
- elements of good-quality provision
- our plan for developing high-quality provision.

75 The quality of provision is often compromised by the lack of opportunities to sustain new and/or innovative provision. This can be demoralising and demotivating to the staff involved, and undermines the credibility of the sector. Too often such provision is isolated. Individual staff working on small, discrete areas of provision within a larger organisation, or certain types of provision that offer learning opportunities to people with specific mental health problems can be cut off from colleagues and from professional development opportunities. Too few opportunities to learn from others or to reflect on practice means that time is wasted ‘reinventing wheels’, meaning good practice is patchy and practitioners lack opportunities to benchmark their provision. We believe there is too much segmentation of the sector with too many assumptions being made about what kind of provision learners who experience mental health difficulties need and want. A drive towards the achievement of targets has meant that the curriculum may be driven by the funding stream rather

6 The National Healthy FE Framework is funded by the Department of Health, with support from DIUS and DCSF. See www.healthyschools.gov.uk
than by learners’ needs. At times, this is exacerbated by a lack of understanding that progression need not necessarily focus on qualifications alone. Finally, low expectations and a lack of aspiration for learners with mental health difficulties have led to learning experiences that stifle potential and do not challenge learners in a healthy, productive way.

76 The LSC wants to promote a vision of good-quality education and training for learners who experience mental health difficulties. We know there is no typical learner who experiences mental health difficulties and no one type of provision or approach that suits all. However, the LSC believes that what makes good-quality learning for most learners who experience mental health difficulties is not different or specialist learning opportunities, but access to good-quality, mainstream learning opportunities alongside their peers without identified mental health needs. All learners need to feel welcome and valued as learners, reassured that they are progressing well and supported during more stressful times such as exam periods. For some learners who experience mental health difficulties, this reassurance and support may need to be more explicit and robustly asserted. This does not require specialist mental health knowledge, but it does require good teaching in an inclusive environment. If the LSC and its successor organisations are to achieve a vision of an FE system that is accessible across all provision, then they must ensure that all providers adopt a whole-organisation approach to supporting teaching and learning for people who experience mental health difficulties.

77 Some learners who experience mental health difficulties may need higher levels of support, may have more complex needs or experience multiple disadvantages. For such learners, we want to ensure that they have support from staff who have knowledge, expertise and higher level skills in teaching and supporting people who experience mental health difficulties. This support needs to be provided within the context of a whole-life approach. We believe that for people with mental health difficulties to access learning opportunities and achieve, they need access to mental health support, social care support and employment support as part of a whole-life, integrated package. In some areas, there are examples of good practice in taking this approach through strong partnership working. The LSC will examine how this model can be more coherently applied and discover how the integrated model can help people with mental health problems achieve better economic and social inclusion. The LSC’s Learning for Living and Work Framework co-ordinates a holistic approach to assessing the education, training, social and health needs of young people who experience mental health difficulties. The LSC will investigate models of integrated support and determine which are most appropriate for adults with mental health difficulties (headline action 6: see Annex A).

Case study: Learning works

Hertfordshire County Council subcontracts providers such as the charity MIND to work with its adult and family learning service in providing learning and training to learners with identified mental health difficulties. Other partners are the council’s own minority ethnic curriculum support service, Hertfordshire Partnership NHS Foundation Trust (HPFT) and extended schools co-ordinators who are all working to raise awareness of the links between mental health and learning for members of black and minority ethnic communities.

A conference organised by the council for its partners had highlighted a huge local need for access to services and further information about emotional well-being for people from black and minority ethnic communities in order to better support learners, parents, teachers and senior managers. Following the conference, the adult and family learning service, HPFT, the Guideposts Trust and the University of Hertfordshire’s Recovery Centre for Mental Health developed training in cultural competencies. This was underpinned by the recovery model of mental health.

As part of these developments, Learning Works, an interactive training module, has been created and is providing the tools to recognise and work with the links between emotional well-being and access to learning by people from black and minority ethnic communities.

Learning Works focuses on the needs of black and minority ethnic learners with mental health difficulties, raises awareness of the links between learning and emotional health and well-being. It is co-delivered with local people from black and minority ethnic communities who have had experience of mental health difficulties. The work is attracting local participants managers and practitioners from different sectors, and it is hoped that this effective cross-sectoral working will better support outcomes for learners.

<table>
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78 In March 2007, Framework for Excellence: Raising standards and informing choice (LSC, DfES, QIA and Ofsted, 2007) set out the way forward for the development of the Framework for Excellence (the Framework). The Framework offers providers a robust, benchmarked and validated assessment of their performance. The LSC sees this as an opportunity to address improvements in learner destinations, and an opportunity for our providers to set themselves aspirational targets in respect of learners progressing to further learning or employment. This will be challenging for many providers. Setting appropriate benchmarks for groups of learners who experience mental health difficulties presents a particular challenge, but the LSC will work with stakeholder organisations through the pilot phase of the Framework for Excellence to agree what will constitute a positive destination and appropriate measures of success for those with learning difficulties and/or disabilities, including those who experience mental health difficulties (headline action 14: see Annex A).

79 Within its minimum levels of performance (MLP) policy, the LSC is addressing the tensions that exist for providers who have a mission to recruit the ‘hardest to help’ while also wishing to retain a delivery contract and meet the targets set out for them. The LSC will ensure that within the ongoing dialogue about minimum levels of performance, the interests of people who experience mental health difficulties is highlighted and safeguarded (headline action 14: see Annex A).

80 As part of our commitment to quality improvement, we will continue to work with our partner agencies such as Ofsted and the Learning and Skills Improvement Service (LSIS) to ensure recognition of good-quality provision and to offer support for less well-developed provision. We have begun discussions with colleagues in LSIS and Ofsted about how best to do this (headline action 15: see Annex A).

81 We need to ensure effective mechanisms by which providers of well-developed provision can share and disseminate their practice, and give providers opportunities to peer-reference their work and set themselves performance measures that will drive improvement. Opportunities for networking across different providers within the FE system and with agencies and organisations in different sectors will be an important part of the drive to improve the quality of provision so that it leads to better social and economic participation for people who experience mental health difficulties. Our continued support of the Partnership Programme is facilitating this process and our evaluation shows that it is having an impact on the quality of provision. We will develop this further by providing members of regional networks with access to continuing professional development through regional learning events (headline action 16: see Annex A).

82 Certain parts of the FE system are especially isolated and work needs to be done to ensure that they are also supported to deliver good-quality provision. Education and training provision by forensic services should be included in the Framework for Excellence and staff should be able to access the same networking, sharing and peer-review systems as their counterparts elsewhere in the system. This will also benefit providers in the FE system who will be able to learn from and share ideas about supporting learners with mental health difficulties. This will be part of our discussions that we want to initiate with the Department of Health (headline action 9: see Annex A).

83 The second strand of the drive to improve quality will be to enhance the workforce development opportunities. Learning for Living and Work (LSC, 2006) underlines the prime importance of addressing workforce development for teachers, trainers, tutors and support workers; without the right skills, the sector will not be able to deliver the high-quality provision to meet learners’ needs. This document reiterates that point, but in addition stresses that supporting the workforce to feel competent and confident about their skills will also contribute to a sense of positive well-being within individual staff. Within this strand of workforce development, we have identified two areas that we want to focus on:

- mental well-being of staff
- training and development of staff to meet the needs of learners with mental health difficulties.

84 Addressing the needs of staff with mental health problems has been a challenge to the lifelong learning sector, as evidenced by the report of the Commission into Disabled Staff in the Lifelong Learning Sector (Commission for Disabled Staff in Lifelong Learning, 2008). Within the FE system, there are hurdles we need to overcome in order to be more effective in recruiting and retaining people who experience mental health difficulties. It is important that these issues are addressed. Within the FE system, we have an opportunity to show the importance of maintaining positive mental well-being and also to demonstrate that people living with mental health difficulties can have productive working lives. In doing this, we will act as role models to the learners and employers that our providers work with.

85 As already stated in Section 2 para. 28, the LSC has signed up to become a mindful employer (www.mindfulemployer.net) as we want to show by our own example the benefits of recruiting and retaining in work people who have mental health difficulties. But we also see this as part of our drive for quality improvement. If we want a skilled and healthy workforce in the future, we must show ourselves to be an exemplary employer in this regard.
Having a trained and skilled workforce will ensure that we are able to meet the needs of learners who experience mental health difficulties. We will explore with colleagues in Lifelong Learning UK (LLUK) how we might create training and professional development opportunities for those about to embark on a career in the FE system and for those currently employed in it (headline action 16: see Annex A). This could include training and professional development in providing advice and guidance to people with mental health difficulties, supporting learning and training, advocating for learners who experience mental health difficulties with employers and other agencies, and managing the mental health and well-being of our own employees in the workplace.

We want staff working in all parts of the FE system to have the skills and confidence to support the needs of all learners with mental health needs, in particular those staff who work with young people with mental health needs. We also want to build the capacity of staff who work with learners with more complex needs. We will also work with colleagues in the Offender Learning and Skills Service so that providers see the value of staff being trained to support learners with mental health needs in prisons and those serving their sentence in the community (headline action 8: see Annex A).

Case study: An outstanding achievement

David tells his story. 'In late February 2007, I enrolled on Nelson and Colne College’s Explore your Potential programme following a short period in detox. The course was designed to encourage people who have had difficulties with their mental health and well-being back into education. I felt anxious, nervous and totally lost and did not know what to expect. '

'I was made to feel welcome from day one by both the staff and fellow students. There was no pressure from the course, no qualifications, just support and a happy environment. On returning after the summer break I increased the number of classes and attended four days a week, and for the first time in years felt that this was the right decision for me. I began to push my boundaries and to think about passing exams, which was something I had never dreamed of before. I studied hard and by the end of the college year had achieved some qualifications and felt really proud of being awarded the outstanding achievement award for that year, an evening I will never forget.‘

'Now well into my second year, I have applied and been accepted on a foundation honours degree course which starts September this year. I firmly believe that without the initial programme offering a gentle return to education, I would never have achieved this and am grateful for having had this opportunity.'
7: Learner Progression

88 As in Learning for Living and Work (LSC, 2006), this strategy does not see the FE system as an endpoint for learners who experience mental health difficulties, but as part of a route to social and economic participation. This strategy also affirms that this group of learners should, like other individuals, access learning when they need to improve their skills or access learning for leisure. For each person it will be a unique learning journey that we are committed to accommodating within the FE system.

89 This approach is underpinned by a person-centred planning approach and by the personalised learning agenda. For some learners with mental health difficulties, this will require the provision of good-quality information, advice and guidance (IAG), and we propose within our action plan to build the capacity of all IAG staff to be better able to meet the needs of people who experience mental health difficulties. For young people whose provision falls within the remit of the Young People’s Learning Agency, a casework approach will be implicit in the adoption of the Learning for Living and Work Framework. However, a similar integrated and holistic package is not routinely available for adults with mental health difficulties. We need to look at how, through regional and local commissioning, joined-up approaches and solutions can contribute to better progression outcomes for people with mental health difficulties (headline action 6: see Annex A).

90 We also need to recognise that there is a legacy of low expectations placed on people who experience mental health difficulties. There is still a great deal of stigma and discrimination about mental ill health. Not surprisingly, people who experience mental health difficulties can internalise these beliefs and prejudices, which results in a loss of confidence, fear and a perception that their participation will not be wanted or valued. It is our duty to foster within the FE system an environment in which all learners feel wanted and valued. We must be aspirational for our learners, creating a virtuous circle of belief, confidence and success that will see this group of learners more able to meet the needs of people who experience mental health difficulties.

91 Many people who experience mental health difficulties will believe that learning is not for them, so learner progression means making this learner group aware of the positive aspects of learning so that they feel able to progress in their learning. This is where our partnership work with mental health trusts, primary care trusts and the voluntary and community sector is so important. We want to strengthen partnership working across the FE system so that when people come into contact with health and social care services and community services, the offer of support to access learning and skills is the norm.

Case study: Kathleen goes back to work

Kathleen came to England from Ireland fleeing from domestic violence. She found herself homeless with her young children. Even after finding somewhere to live, things still weren’t much easier. Her confidence quickly drained away, depression followed and soon she found stepping out of the front door almost impossible.

Her friend suggested college but Kathleen had never contemplated it, thinking that being in her forties meant it wasn’t an option for her. She plucked up her courage however, and recalls how ‘just taking that first step, the fear and courage it took meeting the college support worker outside on the street so that we could walk in together’.

Kathleen enrolled onto a computer course at New College Nottingham and quickly settled in, making new friends and growing in confidence each week. She started to think, ‘I can do things’, and became more active and outgoing. She even joined the college social club.

Kathleen left college and in November 2008 started a new job. She works for a community housing association supporting isolated and vulnerable adults. She now encourages people to get back into learning and recently returned to college to help one of her clients take their first step. ‘It felt fantastic to see someone else do it,’ she says. ‘Learning can really boost you up’.

92 The LSC also wants to see better progression to other learning opportunities. Many people experiencing mental health difficulties begin their learning on discrete provision. This can be a necessary first step into learning, but can also reinforce segregation unless such provision is part of a coherent, supported pathway to other learning opportunities that are accessible by all. The LSC is supporting the FE system to move away from programmes that do not have clear progression outcomes and intentions. We recognise that providers have to be careful to ensure progress is considered and measured and that we avoid increasing distress or inducing a sense of failure among learners experiencing mental health difficulties. We need to establish better, more integrated approaches that support the person towards their goals. We will discuss with our colleagues who lead on the Integrated
Employment and Skills services how this can be achieved in partnership with health and social care services and employment support services (headline action 6: see Annex A).

93 For many people with mental health difficulties, participation in learning and skills is a stepping stone to employment. Accessing learning can be a chance to get back into more structured activity and to interact with people in a more sheltered and welcoming environment than they perceive the workplace to be, in some cases without the risk of losing their benefit support. For some, participation in learning is the chance to acquire skills for employment, or to update existing skills. The LSC is keen to ensure that where employment is the ultimate goal for the learner, provision that will help them reach this goal is available. Activity to support the learner’s transition to employment should begin at the outset of the programme and be ongoing. This will include, where appropriate, work preparation, work experience, collaborative working with supported employment schemes, individual placement and support schemes, and support from Jobcentre Plus staff and other local employment support services as appropriate. This will also be part of our discussions with colleagues who lead on the Integrated Employment and Skills services (headline action 6: see Annex A).

Case study: Music to success

In 2004, BobBob was in hospital with depression. After leaving hospital he felt very isolated so he was referred to Rethink where he began to mix with other people again. Then his community psychiatric nurse referred him to an LSC-funded project at REMIX in a youth music action zone. BobBob did a short first steps course at REMIX and his tutors were so impressed with his abilities and his leadership skills that they asked him to come in on Saturdays as a volunteer to help out. He achieved an Open College Network diploma at Level 2. This led to paid work at REMIX working on a project with 10-year olds with low self-esteem to help them make the transition to secondary school. Now BobBob is employed as a support tutor on the first steps music course.

BobBob says that the best things about the course at REMIX was learning something you didn’t know before and the social aspect — making new friends. He says that doing something where people were in a similar situation really helped. He felt they were on common ground and he didn’t have to worry so much.

BobBob is now doing GCSE maths and an NVQ in information technology. Next he wants to do an access course in sociology and has his sights set on doing a degree at university.

94 For most adults, participation in learning is through their work. Learning at work can contribute to a sense of confidence and competence at work and can also contribute to job satisfaction. It may help us maintain mental well-being at work, as well as helping us to progress in our careers. We do not see that enabling people who experience mental health difficulties into work as an end in itself, but rather wish to ensure that people experiencing mental health difficulties can also get on and progress at work.

We will work with our delivery agencies such as Train to Gain and union learning representatives to increase the take-up of workplace learning among people who experience mental health difficulties. We see this as one of our priorities (headline action 7: see Annex A).

95 The LSC also recognises that some people who experience mental health difficulties may wish to become self-employed or have entrepreneurial skills that they wish to develop. During an economic downturn, we want to support people’s resourcefulness and creativity and empower individuals to use their skills to their full advantage. We need to explore how best we can support this group of people by working with social enterprise agencies, regional development agencies and Jobcentre Plus. We will commission research into what good practice already exists and look at how we can progress this area of work (headline action 18: see Annex A).

96 Some people who experience mental health difficulties may not wish to return to work but may want to use learning to support their progression or involvement in voluntary work or other types of civic and social activity. These activities make our communities richer and more cohesive places to be and learning that supports these activities is to be valued. Employers are now able to offer volunteers training through Train to Gain. We want to explore these flexibilities within Train to Gain more fully and see greater opportunities, not just for individuals, but for communities and organisations (headline action 7: see Annex A).

97 The newly introduced Qualifications and Credit Framework (QCF) offers a more flexible, credit-based system for learners gaining qualifications. For learners accessing learning at Level 1 and below, we will work with colleagues developing the Foundation Learning Tier to make sure that the Progression Pathways (frameworks for learning) are flexible enough to support learners who experience mental health difficulties. Throughout this strategy and action plan we have identified areas of work where we will pilot innovative practice and where appropriate we will ensure that these pilots will also test out the flexibilities of the Foundation Learning Tier (headline action 13: see Annex A).

98 It will also be important to support people who progress from FE to higher education (HE). We want to work more closely with the Higher Education Funding Council for England (HEFCE) to identify and disseminate good practice in supporting people with mental health difficulties into HE.
8: Funding

To deliver our vision, funding for post-16 education and training must be fit for purpose, equitable across all areas of the FE system and provide appropriate levels of learning support. Funding must also encourage collaborative and inter-agency working and have enough flexibility to allow for innovative practice to be mainstreamed. These are the broad aims of the funding methodology that we laid out in Learning for Living and Work (LSC, 2006) and are the aims that we will work towards in our strategy for learners who experience mental health difficulties.

Currently, additional learning support (ALS) is drawn down by mainstream providers to enable appropriate learning support for learners who experience mental health difficulties. Again, details of these are contained within current and future publications associated with the LSC’s funding methodologies. Within the funding methodology, the LSC wishes to ensure that provision of ALS meets learners’ needs, is equitable and consistent and does not limit choice. One of our aims will be to ensure that this is also achieved for learners who experience mental health difficulties.

The Government’s planned transformation of social care through the personalisation agenda (DoH, 2008) means that individuals who are eligible for social care (which includes people with disabilities, carers and the families of children with disabilities) will increasingly be able to choose and direct for themselves how their needs for care and support are met. In July 2009, the Department of Health will also begin piloting personal health budgets in some areas. The national roll-out from the individual budget pilots means that there will be increased opportunities for personalised solutions through the pooled funding of social care and other public funding for individuals, in a similar way to the LSC improving choice pilots. Individual budgets mean that individuals can exercise greater choice, flexibility and control by choosing to access directly some or all of the money in their individual budget through a personal budget and/or direct payments. This money can be used by individuals to purchase the services and activities they need to meet their personal goals. For example, it might be used to purchase support such as equipment, personal assistance or help with transport to work or learning. The LSC believes that this is an exciting opportunity to empower people and explore opportunities for helping learners understand and benefit from the opportunities offered by personalisation and to examine ways in which funding methods can offer individuals greater flexibility and control over their learning choices and the way in which their learning support needs are met. Evaluation of the LSC improving choice pilots for learners with learning difficulties and/or disabilities on a placement budget has shown the value of being able to pool public funding to support individualised learning packages that offer greater choice and flexibility. Through our partnership with NIACE and CSIP, in some LSC regions we have been exploring how we support the take-up of direct payments. This is a DoH-funded project which used a Skills for Life approach to support mental health service users in making informed and confident decisions about the use of direct payments. We want to explore these models further for learners with mental health difficulties, and to look at how individual learners might have choice and control over the money used to provide additional learning support. We also want to look at how individual budgets can be used alongside skills accounts. We will look at how we support positive demand from individuals and providers for developing holistic, cross-agency approaches that offer learners more say in and control over their support and learning provision to maximise the impact and personal benefits of public funding (headline action 19: see Annex A).

In Section 4 para. 54, we said we wanted to explore how we can align specialist support with existing provision and infrastructure. We know that some organisations have been able to use funding in new and creative ways to support individual learners and also to meet employers’ needs. We want to be able to identify effective practice in the use of a variety of funding sources, and to disseminate such effective practice and support others to do likewise (headline action 19: see Annex A).

We also know that misconceptions and misinformation about the benefits system can act as a barrier for some people who experience mental health difficulties in accessing learning. Within the consultation, we heard from many people who felt that this was a major barrier to participation in learning and an area where we need to do more. It is not within our remit to change the benefits system or regulations, but we can do more to ensure that providers and learners have correct and up-to-date information about the opportunities available to people who are in receipt of benefits (headline action 20: see Annex A).
Case study: Help with life

Working in partnership with Exeter and East Devon MIND, NIACE is piloting a blended learning version of the I’ll Give It A Go course at Exeter’s Physical Health and Emotional Well-being (PHEW) centre.

The journey started with a course called Is It For Me? In fact, the session started with Pat, one of the trainers, playing the harmonica. To be honest, he’s a pretty terrible harmonica player but it didn’t really matter it set the tone for the day that followed: entertaining and lively as well as being informative and challenging.

David and Pat guided around 20 participants – most of them people who use mental health services, plus a couple of supporters and friends – on a tour of direct payments and the I’ll Give It A Go course. Along the way participants had opportunities to talk about their own interests and to think about how translating some of those interests into assessed needs could help them make changes in their lives. Everyone was encouraged to think creatively about what ‘social needs’ means and how direct payments can be used to help people make their own choices about what they know is good for them. The suggestions were many and varied:

*Going to the theatre.*
*Going to the seaside.*
*Camping.*
*Collecting.*
*Singing.*
*If I could learn to use a computer, maybe I could do my shopping online?*
*Choosing my support.*
*Having a haircut and looking nice.*
*I need help with driving lessons.*
*What about university?*
*Can I use mine to find a husband?*

As well as giving a flavour of what is to come on the I’ll Give It A Go course and giving participants the chance to start looking at the skills they might need and the skills they already have, the session reminded the participants that they are the ones who know themselves best. David talked about the importance of doing your homework if you are thinking about applying for direct payments – not just in thinking about your needs, but thinking about how best to explain those needs to other people.

It was a great way to start and everyone left feeling invigorated and looking forward to coming back for more. It’s best summed up in the words of one of the participants: ‘Today is the first helpful thing that’s happened to me in ages.’
## Annex A
### Headline Actions

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
<th>Owners and partners</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>In 2009-10, the LSC will ensure that the needs of learners with mental health difficulties will be safeguarded in the national and regional transitional arrangements as the Young People’s Learning Agency, the Skills Funding Agency and the National Apprenticeship Service come into being.</td>
<td>LSC</td>
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<tr>
<td>2</td>
<td>In 2009-10, the LSC will continue the work already started to become a mindful employer and to become an exemplary employer in recruiting and retaining people who experience mental health difficulties.</td>
<td>LSC</td>
</tr>
<tr>
<td>3</td>
<td>In 2009-10, the LSC will encourage and support all our partner agencies to become mindful employers and to create mental health-friendly environments.</td>
<td>LSC and Partnership Programme</td>
</tr>
<tr>
<td>4</td>
<td>In 2009-10, the LSC will support and encourage the development of frameworks and mechanisms for learner involvement, including recommendations for appropriate payment of expenses and fees.</td>
<td>LSC and Partnership Programme</td>
</tr>
<tr>
<td>5</td>
<td>In 2009-10, the LSC will roll out models of collaborative working between our providers and early intervention in psychosis (EIP) services and child and adolescent mental health services (CAMHS).</td>
<td>LSC, Partnership Programme, EIP services and CAMHS</td>
</tr>
<tr>
<td>6</td>
<td>In 2009-10, the LSC will begin to explore and map models of integrated support that result in improved social outcomes and employment opportunities for people who experience mental health difficulties.</td>
<td>LSC, Partnership Programme, local authorities, specialist employment support services, IES services</td>
</tr>
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<td>7</td>
<td>In 2009-10, the LSC will improve the take-up of work-based learning (WBL) opportunities by people with mental health difficulties. This will include the take-up of Train to Gain and volunteering.</td>
<td>LSC, NAS, Partnership Programme, WBL providers, union learning representatives</td>
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<td>8</td>
<td>In 2009-10, the LSC will showcase and disseminate good practice in working with people who experience multiple disadvantage and/or complex needs.</td>
<td>LSC and Partnership Programme</td>
</tr>
<tr>
<td>9</td>
<td>In 2009-10, the LSC will discuss with colleagues in the Department of Health a review of learning and skills within forensic services.</td>
<td>LSC</td>
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<td>10</td>
<td>In 2009-10, the LSC will work with our partner agencies such as health and social care providers, IAG services and user-led organisations to stimulate demand for learning among people who experience mental health difficulties.</td>
<td>LSC and Partnership Programme</td>
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<td>Action</td>
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<td>11</td>
<td>In 2009-10, the LSC will work with our partner agencies and providers to ensure that where learners choose they can declare mental health difficulties and trust that their needs will be met. LSC and Partnership Programme</td>
<td></td>
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<tr>
<td>12</td>
<td>In 2009-10, the LSC will work with our partner agencies to support and promote the Healthy FE Framework. LSC and Partnership Programme</td>
<td></td>
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<tr>
<td>13</td>
<td>Throughout any work undertaken to implement this strategy, the LSC will ensure that the use and promotion of the Foundation Learning Tier and Qualifications and Curriculum Framework are embedded. LSC and Partnership Programme</td>
<td></td>
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<td>14</td>
<td>We will support colleagues working on the Framework for Excellence and minimum levels of performance to ensure that measurements of success and performance reflect the realities of working with this group of learners. LSC</td>
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<td>15</td>
<td>The LSC will work with colleagues in LSIS and Ofsted to support and recognise good practice in teaching and supporting learners with mental health difficulties. LSC, Partnership Programme, LSIS and Ofsted</td>
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<td>16</td>
<td>The LSC will explore with colleagues at LLUK and LSIS the need to develop opportunities for continuing professional development and input for those about to embark on a career in the FE system in order to build the capacity of staff working with learners who experience mental health difficulties. LSC, Partnership Programme, LLUK and LSIS</td>
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<td>17</td>
<td>The LSC will work with our colleagues in local authorities and in the third sector to ensure that learners who experience mental health difficulties are prioritised through developmental learning budgets and where desired this supports progression to other learning. LSC</td>
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<td>18</td>
<td>The LSC will commission research into the opportunities available to learners who experience mental health difficulties for social enterprise and entrepreneurship. LSC</td>
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<td>19</td>
<td>The LSC will continue to support the work done through the Partnership Programme to increase the take-up of direct payments and we will explore with our partner agencies how this work can be aligned to other funding streams that promote choice and personalisation for people who experience mental health difficulties. LSC, Partnership Programme and DoH</td>
<td></td>
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<tr>
<td>20</td>
<td>The LSC will make available to our providers better information on being in learning and training while in receipt of benefits. LSC</td>
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<td>21</td>
<td>The LSC will review this action plan and progress made in 2010 and make recommendations for further action. LSC</td>
<td></td>
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<tr>
<td>22</td>
<td>The LSC will work towards realising its ambition for the sector to be an international exemplar in providing learning and skills opportunities for people who experience mental health difficulties. LSC</td>
<td></td>
</tr>
</tbody>
</table>
Annex B

Bibliography


LSC (2006) Improving Services to People with Mental Health Difficulties, Coventry: LSC


