

**NIACE/NIMHE  
Partnership Project**

**Access to Education for  
Adults with Mental Health Difficulties**

**Report of a National Postal Survey of  
Organisations providing Education  
and/or Training for Work (including WEA  
Districts)**

**March 2004**

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## Key findings

The NIACE/NIMHE Partnership Project carried out a two-part mapping project. A national postal survey of all Colleges of Further Education and Local Authority Adult Education Services in England was carried out in January – May 2003. A second survey of organisations providing Education and/or Training for Work was undertaken in May-July 2003. This report summarises the findings from the second survey.

There are no national or regional databases of voluntary or health-funded organisations providing education and/or training for work for adults with mental health difficulties. Questionnaires were distributed through existing databases such as the Local Learning and Skills Councils records, the MIND national database or by using contacts and networks.

Questionnaires were sent to a total of 535 organisations. Sixty-four responses were received giving a response rate of one in seven. A further seventeen questionnaires were received after the closing date. Three regional Workers Educational Association branches (WEA) also returned questionnaires.

While this represents a useful start in building up a national picture of this type of provision, it is clearly just a start. Follow up through the regions would help us to further understand the size of the access gap.

- Nearly three quarters of the organisation who responded to the survey were providing targeted education and training for work provision for adults with mental health difficulties. Nearly all that provision had been set up since 1997 and the publication of the Tomlinson report (FEFC 1996). Given the greater involvement of Mental Health Trusts and Social Services Departments in this type of provision other policy drivers such as the National Service Framework for Mental Health (1999), will undoubtedly have had an effect. However, the work currently being undertaken by the Social Exclusion Unit on mental health and social exclusion and the cross-government recommendations arising from this work highlights a need to ensure that all learning and skills providers are supported to implement any forthcoming policy recommendations.
- The organisations who responded to the questionnaire showed a higher level of awareness of the National Service Framework for Mental Health than of the Disability Discrimination Act 1995 (Part 4), which is perhaps because of the higher level of funding for these organisations from health and social services.
- Over half the organisations who responded to the questionnaire consulted in a variety of ways with learners. Half of the organisations involved their learners with mental health difficulties in their management committees and steering groups. There is a higher level of learner consultation among these organisations than in FE College and LEA providers.
- As we expected greater emphasis was put on obtaining/retaining work as a positive outcome of participation in learning compared to colleges and LEAs.

- Sources of funding for these organisations was more varied than for colleges and LEAs with health and social services being a major source of funding along with the Learning and Skills Council.
- These organisations worked in partnership with Mental Health Trusts, Primary Care Trusts, Social Services, other Voluntary organisations, and mental health service user groups. However, over half felt that close partnerships would strengthen their work.
- Three-quarters of the organisations who responded to the survey described their strengths and achievements as being 'learner consultation and participation', 'access to learning opportunities', 'identifying and meeting learners support needs', 'curriculum content and delivery', 'outcomes and progression', 'staffing', 'partnerships', 'individual learner-centred approaches', 'flexible and responsive provision' and 'inclusion and widening participation'.
- Nearly three-quarters of the organisation who responded to the survey described the barriers and challenges to this area of work as being 'policies and plans', 'access to learning opportunities', 'outcomes and progression', 'funding', 'staffing', 'partnerships', 'monitoring and evaluation', 'attitudes', 'lack of time' and 'employment and benefits'. The similarities in these lists suggests varying levels of expertise and emphasis to this area of work within provision but also to a shared agenda.
- Forty-six of the sixty-four organisations who responded to the questionnaire want to be kept in touch with the NIACE/NIMHE Partnership and we hope that they will be actively involved in the Regional Networks that are being established in the second stage of the NIACE/NIMHE Partnership Project.

## **The next stage**

The second stage of the NIACE.NIMHE partnership project has been to set up Regional Networks in each of the eight NIMHE Regional Development Centres. These networks present a wonderful opportunity for us to build on the findings of this research, in order to develop more accessible and inclusive adult learning provision for people with mental health difficulties.

## **The partnership project**

To encourage and assist adult and further education providers to promote opportunities for learning for adults with mental health difficulties, the National Institute of Mental Health in England (NIMHE) and the National Institute of Adult Continuing Education (NIACE) have established a partnership project.

The first strand of this project has been a two-part mapping exercise. A national postal survey of all Colleges of Further Education and Local Authority Adult Education Services in England was carried out in January-May 2003, and a national Summary Report of this survey and a series of regional reports are available. A second postal survey of Organisations providing Education and/or Training for Work was undertaken in May-July 2003.

The first survey repeated a similar exercise carried out in 1996 in England and Wales by NIACE and FEDA (the Further Education Development Agency, now the Learning and Skills Development Agency). Findings from the 1996 survey, together with case studies, were published in *Images of Possibility* (Wertheimer 1997).

This report summarises the findings from the survey, together with information from three WEA Districts who participated in the first survey.

## **Mental health and adult learning: mapping the provision**

Findings from both these surveys provide valuable information about provision for adults with mental health difficulties currently being made by colleges, local education authorities, voluntary organisations and health and social care services. Together these have made a satisfactory start to the partnership project.

Surveying the organisations providing education and/or training for work for people with mental health difficulties posed considerable challenges, in the absence of a comprehensive national database. Questionnaires were sent to 535 organisations, which were identified as follows:

- Local Learning and Skills Councils were asked for contact details of relevant organisations/projects in their area.
- MIND's national database lists their local affiliated associations providing education and/or training for work.
- Colleges and LEAs participating in the first survey were asked about other learning opportunities in their area for people with mental health difficulties.
- The National Association of Supported Employment provided details of their member organisations.

Although the response rate (see below) was much lower than for the first survey, we have, nevertheless, been able to start building a national picture. There are doubtless many providers who we were unable to reach and lack of a database will hamper local LSCs' who need to be developing a strategy for creating and sustaining provision for learners with mental health difficulties

This second survey covered organisations not previously included in the 1996 mapping exercise, so this time we are able to build a fuller picture of current provision by including a wider range of providers, many of whom are making very positive contributions to widening participation by learners with mental health difficulties.

Findings from the first survey have already been disseminated through NIMHE's Regional Development Centres (RDCs). In addition to the national Summary Report, each RDC has also received a regional report with the results of the questionnaires returned by their local education providers. We very much hope that by forming local inter-agency networks, adult learning providers and mental health service providers will use these local snapshots to identify positive practice, add further information about local provision and take action to fill gaps in provision. This report will also be circulated to all RDCs.

The partnership project represents a major step forward in building a national picture of current provision and there is now enormous potential for further development. We hope that learners, practitioners, managers, funders and policy-makers will use these findings to learn more about how they can promote greater social inclusion for people with mental health difficulties and widen their participation in learning opportunities.

## **The 2003 survey of organisations providing education and/or Training for Work**

This survey carried out by NIACE and NIMHE aimed to:

- Begin building a clearer picture of which voluntary organisations provide education and/or training for work for adults with mental health difficulties;
- identify examples of positive practice; and
- identify challenges and barriers in the development of this area of work.

Questionnaires were sent to five hundred and thirty-five organisations providing education and/or training for work and seventy-one replies were received – giving a 1:7 response rate. Sixty-four replies were received by the closing date and the results are set out in this report. A further seven organisations returned their questionnaires too late to be included here but they will be kept in touch with the project and added to the database.

NIACE and NIMHE would like to thank all those organisations who completed the questionnaire, a list of which can be found in Annexe 1.

The organisations were almost all within the non-statutory sector. Just over half the survey participants were local mental health associations affiliated to MIND. Others respondents included: local and national voluntary organisations, (e.g. a City Farm, a YMCA) but there were also two Adult Learning Services and a Connexions service.

As part of the first survey, questionnaires were sent to the thirteen Districts of the Workers Educational Association (some of whom participated in the 1996 mapping exercise), and replies were received from three Districts. The reasons for this response rate are not entirely clear, although we understand that some Districts did not have anyone in post with specific responsibility for learners with mental health difficulties. All the Districts who responded were, perhaps not surprisingly, already making provision for people with mental health difficulties and planning new provision. Their replies provide useful insights into current provision (although we have not included any statistical data in this report).

## **The findings**

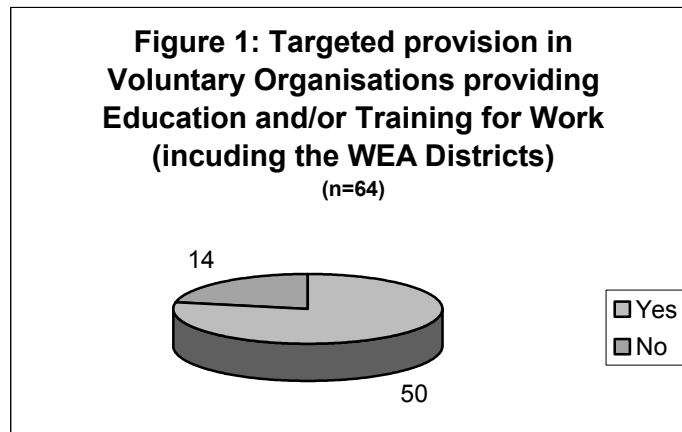
This summary report outlines the findings which covered the following areas:

- current provision;
- plans for new provision;
- responses to policy and legislative changes;
- learner consultation and participation;
- accessing learning opportunities;
- targeting specific groups of learners;
- support for learning;
- curriculum, outcomes and progression;
- funding;
- staffing;
- partnership with other agencies;
- providers' views: strengths and achievements;
- providers' views: barriers and challenges.

This report also includes an illustrative selection of comments which survey participants wrote in their questionnaires.

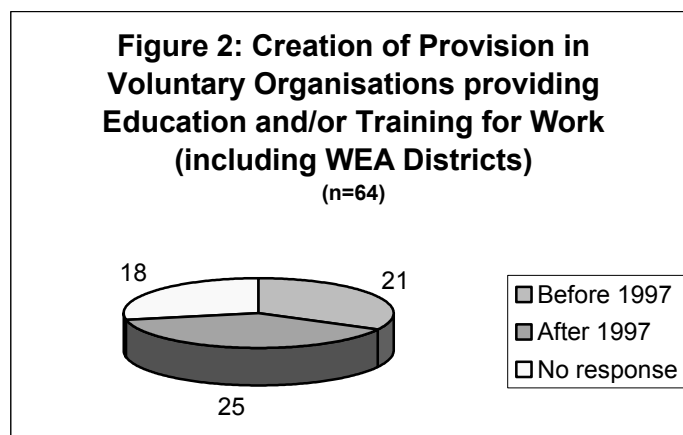
### **1. Current provision**

To find out how many providers were seeking to engage with adults with mental health difficulties, we asked whether they made targeted provision for this group of learners. Although some organisations such as local MIND associations, were already working specifically with adults with mental health difficulties, we were particularly interested to find out whether they were offered opportunities for education and/or training for work.



The research findings (Fig. 1) show that fifty of the organisations were providing education and/or training for work which targeted adults with mental health difficulties.

We also wanted to find out when this provision had been set up and whether policy drivers such as the Tomlinson Report (FEFC 1996) and the Kennedy Report (FEFC 1997) have led to increased provision.

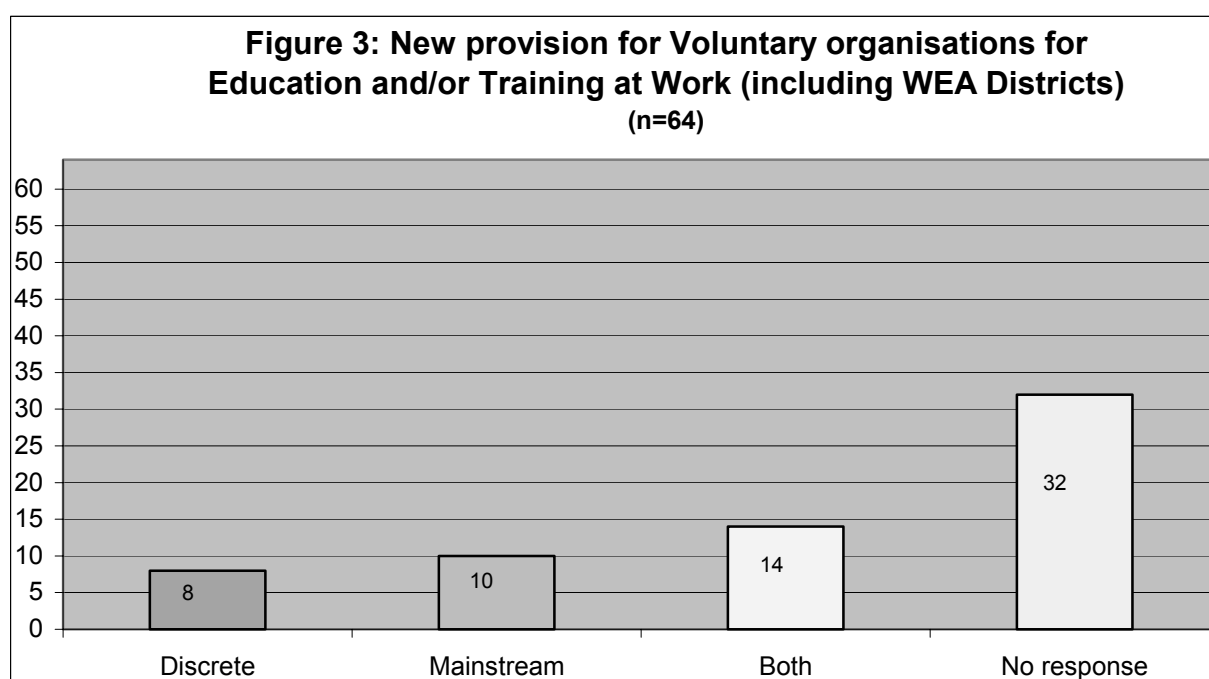


Again the data (Fig. 2) shows us that twenty-five organisations providing education and/or training for work had started making their targeted provision after 1997 (though all the WEAs were making provision prior to that date). The reasons for this are unclear, but recent policy initiatives and legislative changes may have triggered this welcome increase by encouraging under-represented and excluded groups such as adults with mental health difficulties to participate in learning opportunities. The greater involvement of Mental Health Trusts and Social Services Departments in the development of this type of provision would also suggest that the National Service Framework for Mental Health (1999) may also have had an impact. In light of the work currently being undertaken by the Social Exclusion Unit on mental health and social exclusion and the cross-government recommendations arising from this work there is a need to ensure that all learning and skills providers are supported to implement any forthcoming policy recommendations.

## 2. Plans for new provision

Providers were asked whether they were planning any new provision, and if so, whether this would involve supporting learners with mental health difficulties on general/mainstream learning programmes, setting up specific/discrete provision, or both.

For the purposes of the survey, general mainstream programmes are defined as being those courses and opportunities that are available to anyone to enrol on. Specific/discrete provision, on the other hand, is defined as being those courses that are set up specifically with the needs of adults with mental health difficulties in mind and only recruit learners with mental health needs on to them.



The data suggests that providers are increasingly recognising the need to find ways to enable learners to access mainstream opportunities. As Fig. 3 indicates, thirty-two organisations providing education and/or training for work are planning new provision; eight will be developing discrete provision, fourteen will support learners in mainstream learning and fourteen will be doing both; thirty-two either indicated they were not planning any new provision or did not answer the question. In the case of MIND local associations, new provision will almost certainly be discrete because their activities will be specification targeting people with mental health difficulties. All the WEAs were planning to develop their discrete provision.

Discrete provision is valuable, because some people with mental health difficulties will not feel able to enrol directly onto mainstream provision and people need to be in an environment that is conducive to their learning. However, it is encouraging that some providers will also support learners to progress to mainstream provision, using their discrete provision as a stepping-stone.

As some of these comments illustrate, empowering people with mental health difficulties and contributing to their recovery are key elements in the provision which these organisations are making.

**Question: Are you currently planning any provision for adults with mental health difficulties?**

Provider comments:

*Both - our service is a pathway to employment with many stepping-stones.*

*Discrete taster sessions and encouragement to enter mainstream. This is done in conjunction with local college.*

*Initially clients start on a discrete confidence/vocational development programme with a view to moving on to mainstream courses depending on need.*

*Discrete and mainstream. We hope to continue to develop our accredited in-house training that will be targeted specifically at adults learners with mental health needs. In addition we hope to continue to develop existing links with local colleges, universities and other mainstream training providers where this is appropriate to individual needs.*

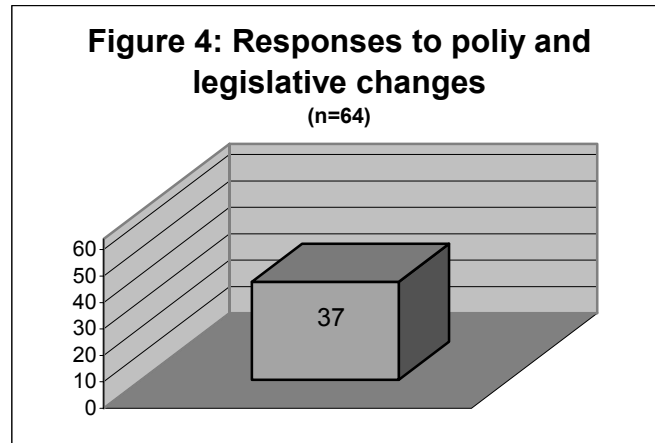
*Looking at mentoring to help people move onto mainstream.*

*The planned programme will be a 6-week course entitled "Empowering Service Users". This is for service users, facilitated by service users. Towards the end of the programme, participants will receive information on relevant mainstream provision.*

*One [WEA] branch has been ... developing new courses with a health agency. More courses are envisaged.*

### **3. Responses to policy and legislative changes**

The survey asked providers to describe what steps they were taking to anticipate and plan for meeting the likely needs of adult learners with mental health difficulties as required by the Disability Discrimination Act 1995 (Part 4) and associated Code of Practice. As Fig. 4 indicates, just over half the organisations providing education and/or training for work (and all the WEAs) described one or more ways in which they were planning to meet the requirements of the Act. This compares with about three-quarters of colleges and LEAs; the reasons for this difference are unclear, although some organisations in this survey may be unaware that the Act and Code of Practice are applicable to their provision.



**Question: What steps are your organisation taking to anticipate and plan for meeting the likely needs of adults learners with mental health difficulties as required by the Disability Discrimination Act 1995 (Part 4) and associated Code of Practice? Please describe.**

Providers' comments:

*We are an organisation that caters specifically for people with mental health needs but I am unclear as to the contents of Part 4 of the Disability Discrimination Act 1995.*

*To improve accessibility to premises. Invest in more outreach staff and develop facilities that take training to learners.*

*Aim to fully comply.*

*Reviewing our current policies and procedures.*

*As a mental health organisation we already have policies and practices that are sensitive to individual needs (reasonable adjustments) and combat discrimination.*

The survey also asked if providers were aware of Standard One of the National Service Framework (NSF) for Mental Health, which aims to ensure that health and social services “promote mental health and reduce the discrimination and social exclusion associated with mental health problems” (DoH, 1999: 14). An encouraging fifty-two of the sixty-four organisations providing education and/or training for work (and all the WEAs) are aware of Standard 1, compared with under a half of colleges and LEAS. Because many of the organisations in this survey have a specific mental health focus, they are probably more likely to be aware of policy initiatives such as the NSF. The establishment of multi-agency networks will provide an opportunity for mental health service providers and education providers to explore ways in which they can jointly contribute to local mental health promotion.

**Question: Are you aware of Standard 1 of the National Service Framework for Mental Health which addresses mental health promotion and combats discrimination and social exclusion associated with mental health problems, with educational establishments seen as key partners?**

Provider's comments:

*Targeted provision is run within a model of social inclusion and in support of the NSF Standard 1. Action points for the current year: review overall levels of targeted provision; further develop appropriate ways of identifying and recording learning outcomes for people with mental health problems; develop supportive tutor and staff networks to facilitate exchange of good practice; introduce partnership agreements with partnership organisations where co-working has proved problematic.*

Learning opportunities for adults with mental health difficulties should also be addressed in providers' strategic plans (Wertheimer 1967) but only just over a half (thirty-eight) of organisations providing education and/or training for work did so, with a further seven intending to do so. One WEA had included education in their strategic plan and another was planning to do so. In the case of mental health organisations it may be that education was not specifically mentioned in strategic plans but again, the regional networks may provide opportunities to address this issue, perhaps by ensuring that education features more widely in Joint Investment Plans, and other community care plans, or by education providers participating in NSF Implementation Groups.

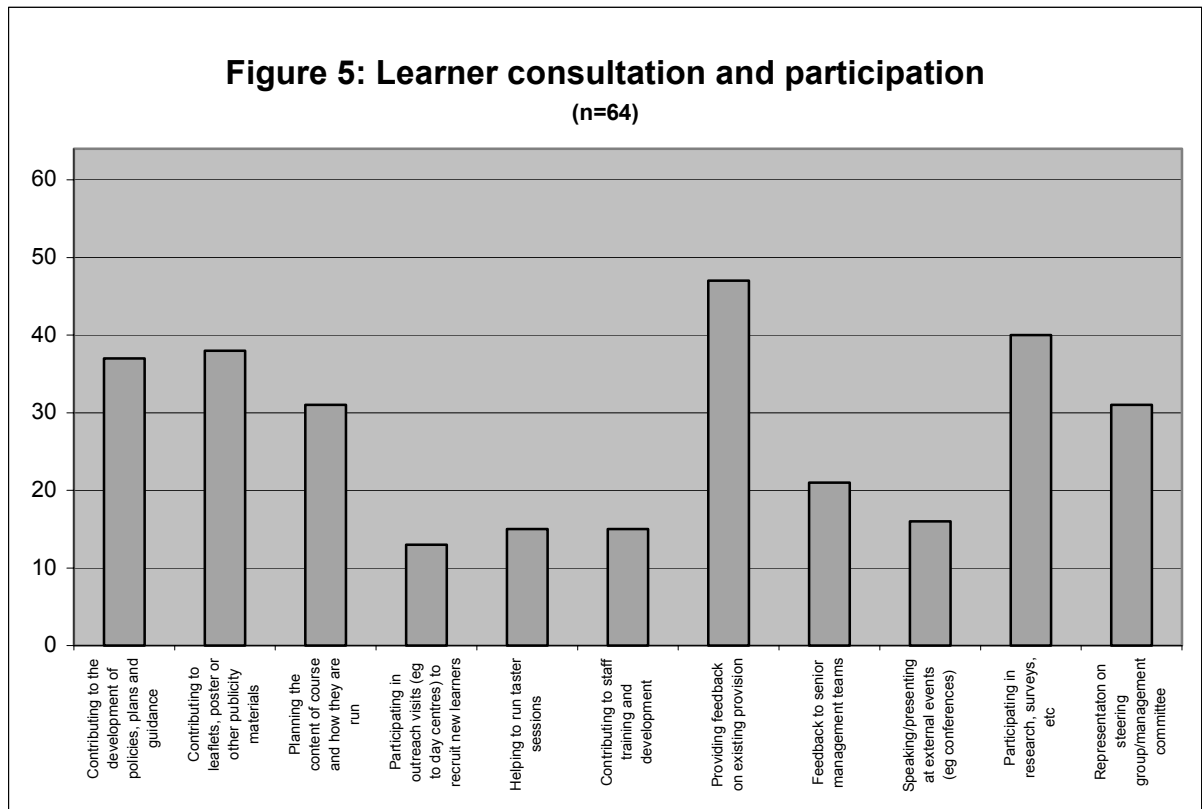
#### **4. Learner consultation and participation**

Consultation with learners is crucial to developing inclusive and responsive adult education provision and within the consultation process, providers need to listen and respond to the voices of particular groups of learners. The survey asked providers how they involved and consulted with their learners with mental health difficulties – which can be a key factor in their empowerment.

Whereas the 1996 survey found that learners were “rarely involved” in contributing to policies and plans of colleges and LEAs, this survey found that in 2003 over half of the education and/or training for work providers were doing so. It appears that learner consultation in general is occurring more frequently. This survey included an additional question and it was encouraging that half of the organisations have people with mental health difficulties on their management committee or steering group.

Both surveys asked providers which formats they used for learner consultation and there were some interesting differences. Colleges and LEAs most often used questionnaires to consult with learners but the organisations in this second survey more often used groups. These organisations may deliberately choose to consult people in groups – a face-to-face and more personal method than circulating questionnaires.

Although it is the norm for all learners to provide feedback on their courses, the welcome increase in learner consultation and participation outlined here may partly reflect the increasingly vocal networks of mental health service providers speaking out on issues that affect them. We hope that the regional networks will provide a forum where learners and providers can together discuss and explore additional and different ways of consulting with users and learn from each other's experiences.



**Question: Are learners involved in developing and delivering provision for adults with mental health difficulties?**

Providers' comments:

*Taking part in workshops at conferences re learners' experiences.*

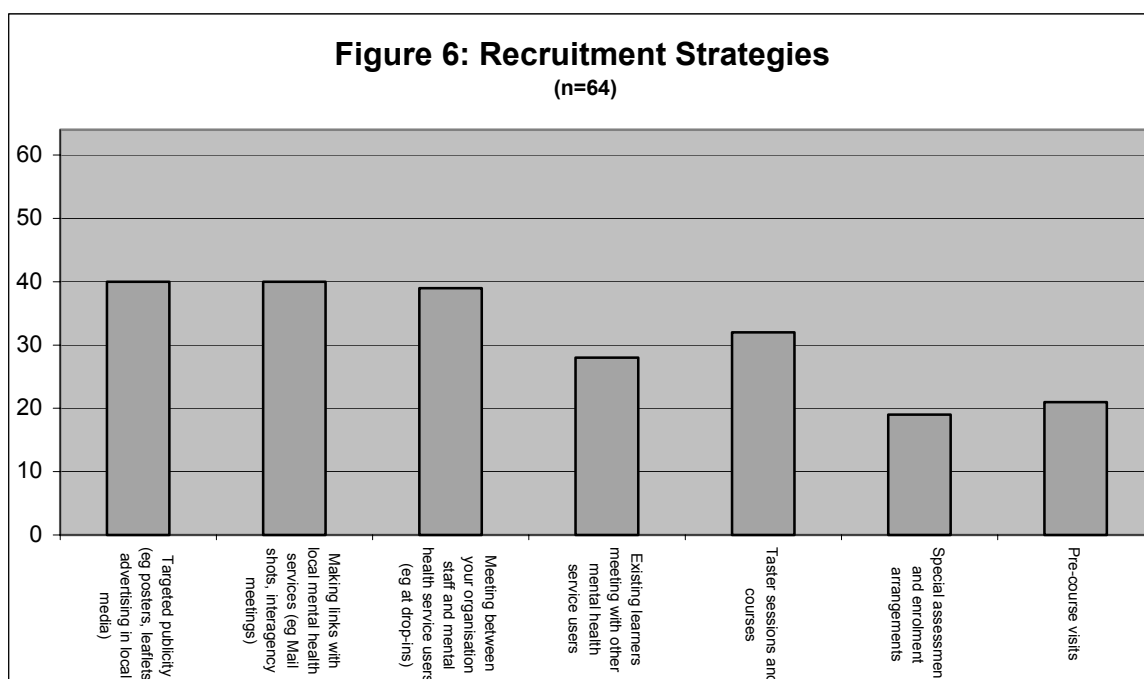
*Some of our clients have been recommended to the local university to be included in ... the training of mental health nurses and other professionals.*

*Presently we have a number of individuals contributing towards a buddy scheme programme.*

## 5. Accessing learning opportunities

Providers were asked whether they actively sought to recruit learners with mental health difficulties and if so, how they encouraged them to use their provision: over half of providers of education and/or training for work and all the WEAs reported that

they were actively recruiting learners with mental health difficulties (although some providers did not reply to the questionnaire but went on to describe recruitment strategies).



For organisations providing education and/or training for work, targeted publicity (forty), making links with local mental health services (forty) and meeting service users (thirty-nine) were the most popular recruitment strategies, followed by taster sessions and courses (thirty-two), and existing learners meeting mental health service users (twenty-eight). All the WEAs were using targeted publicity, linking in with mental health services, and existing learners were meeting mental health service users.

Providers were asked whether they identified learners with mental health difficulties by encouraging self-identification before or at enrolment, through referral sources, at additional support needs interviews and guidance interviews, or by staff referring existing learners. By far the most popular strategy (thirty-four out of the sixty-four respondents) for identifying learners was via referral sources (e.g. day centres).

**Question: How does your organisation encourage adults with mental health difficulties to access your provision?**

Providers' comments:

*Through our other mental health services provision, e.g. drop in, counselling, befriending etc. [people can access learning opportunities].*

*Mail shots aimed at anyone who has expressed an interest in mental health issues in [the area].*

*[Mental health difficulties] only identified on a need to know basis.*

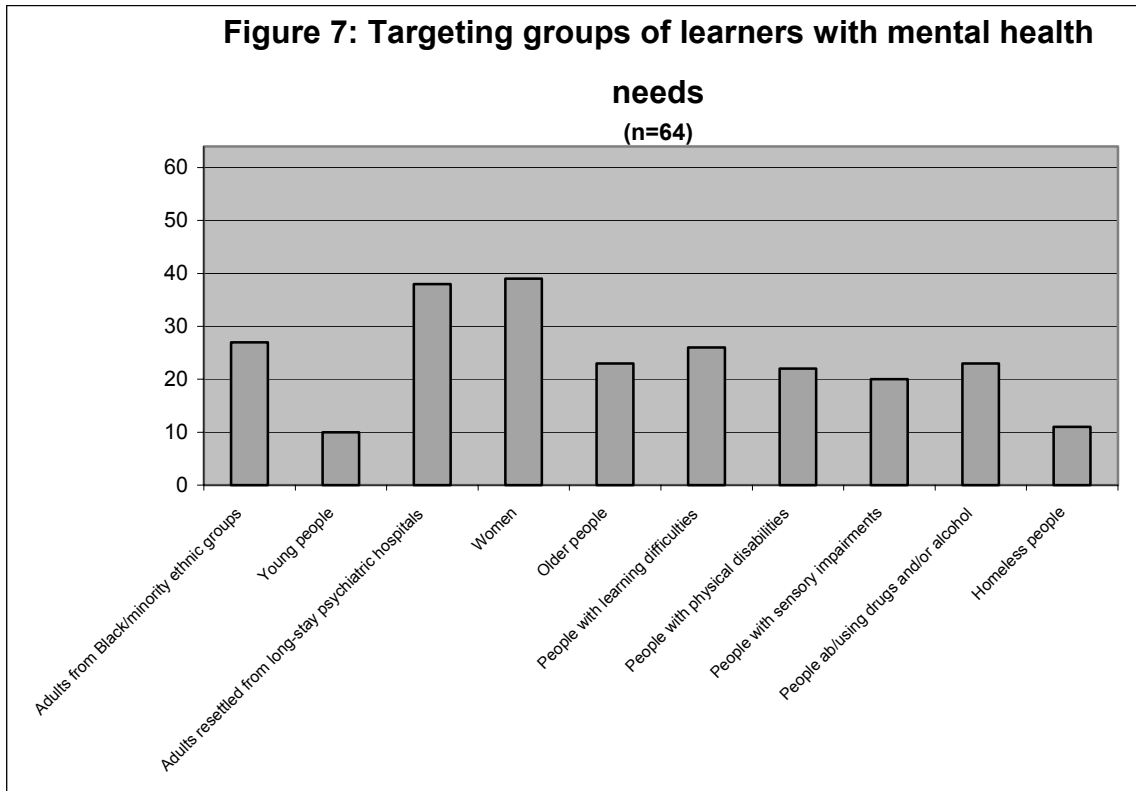
*Making learning opportunities very accessible and informal.*

*By making it plain in our material that we particularly welcome mental health service users.*

## **6. Targeting specific groups of learners with mental health difficulties**

Adults with mental health needs are a diverse group of learners and we were interested to find out whether organisations were developing provision for specific groups such as 14-19-year-olds with mental health difficulties or people with mental health difficulties from Black and minority ethnic groups, and/or targeting their provision at particular services.

A note of caution is needed however. The accuracy of responses (see Fig. 7) is questionable, probably because our question was misunderstood and the results therefore overestimate actual provision. We wanted to find out whether organisations were making any targeted provision for *particular* groups with mental health difficulties (e.g. people with sensory impairments and mental health difficulties) rather than people with mental health difficulties in general. Providers may well be running courses for people with hearing impairments (or supporting them to use mainstream provision) but not actually making provision for people who *also* have mental health difficulties. We know that there *is* some specialised provision (e.g. women-only courses for women with mental health difficulties) but we hope that the regional networks will take the opportunity to check out their local provision.



In terms of targeting specific mental health services, organisations providing education and/or training for work were more likely to be working with day centres (forty), community mental health teams (thirty-six) and day hospitals (thirty-four).

As these comments below indicate, although a few providers made it clear that they were working with specific groups (e.g. woman, young people), other organisations had learners from the groups listed in Fig. 7 but as part of their general discrete provision.

**Question: Do you make provision which targets specific groups of people with mental health difficulties?**

Providers' comments:

*We work without prejudice and welcome all of the above but do not target any specific group.*

*We don't target any of these groups particularly but have a general mix of most of them.*

## 7. Learner support

Exploring individual learners' support needs and arranging how these will be met can significantly affect whether they have a positive learning experience. The survey asked how they identified the support needs of learners with mental health

difficulties, whether learners had individual support plans in place before their course started, the kinds of support available and who provided this. Learner support needs were most commonly identified through initial assessment and guidance, discussions and interviews, with eight of the sixty-four respondents organisations listing two or more ways in which they tackled this.

**Question: How do you identify the support needs of learners with mental health difficulties before enrolment?**

Providers' comments:

*We do a questionnaire which looks at strengths, weaknesses, likes, dislikes, etc. Together with client we look at their needs.*

*We hold a drop-in taster and enrolment session and fill in an assessment form and ask learners what their support needs are.*

*Through informal interview.*

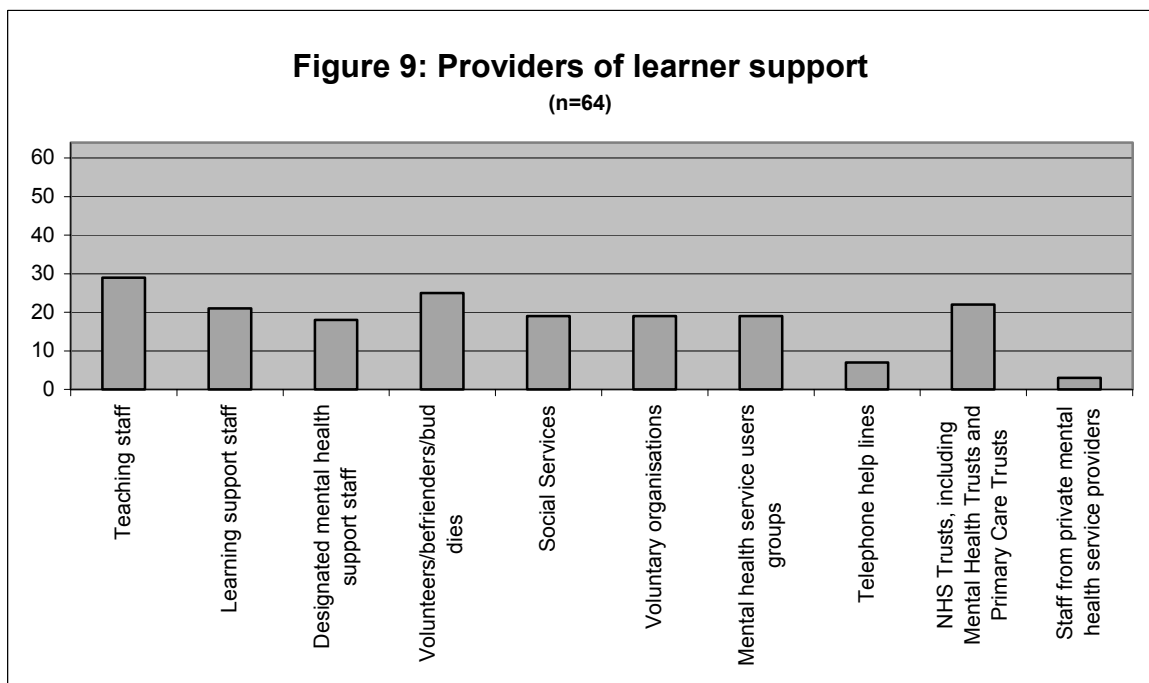
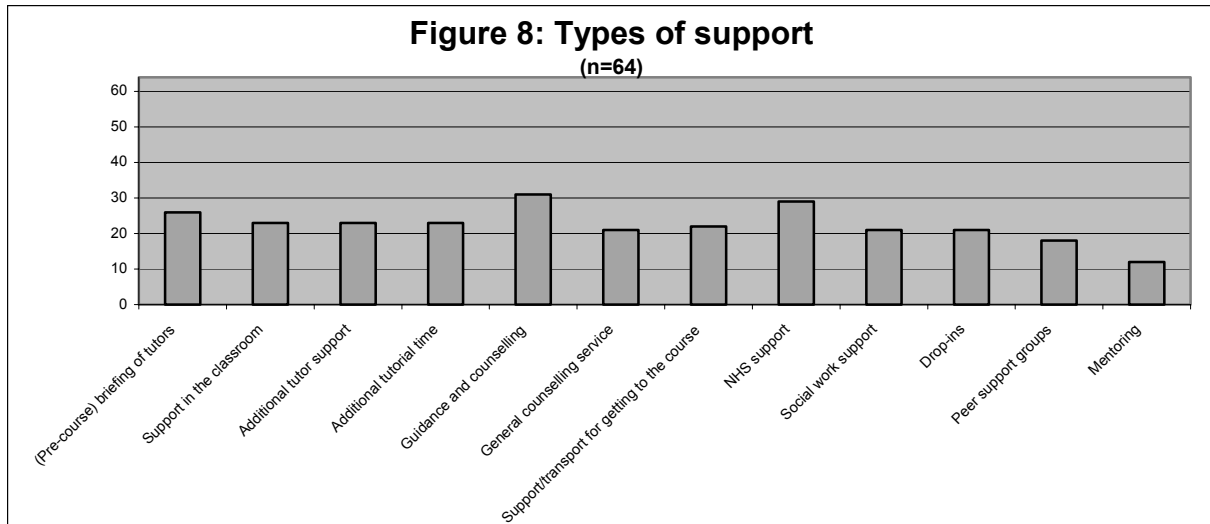
*Informally through group discussion first and then on an individual basis.*

*At interview, the learner is asked about their needs in relation to mental health and how it will affect their learning.*

*Most learners contact our organisation [MIND] for this service first and then are supported onto a learning activity/training course.*

*Often we do not know precisely who will enrol until they turn up. Also many people start after the first session, or even halfway through the term when they have heard from others that it is worthwhile and safe.*

Although some learners may choose to negotiate their support needs after starting a course, individual support plans were in place in twenty-seven of the organisations providing education and/or training for work who responded to the questionnaire. The types of support and who provided it are as follows:



The research indicates (Fig. 8) that organisations providing education and/or training for work were most likely to make the following kinds of support available to learners with mental health difficulties: guidance and counselling (thirty-one), NHS support (twenty-nine) and pre-course briefing of tutors (twenty-six). They were least likely to offer support by mentoring (twelve) or in peer support groups (eighteen). All the WEAs were offering support through pre-course tutor briefing, support in the classroom, additional tutorial time and through NHS support.

Turning to Fig. 9, learners in organisations providing education and/or training for work were most likely to be supported by the organisation's own staff (forty-two) and by teaching staff (twenty-nine) and least likely to be supported by guidance staff (fifteen), via telephone help lines (seven) or by staff from private mental health service providers (three). With the WEAs, learners were most likely to be supported

by teaching staff. These findings are in marked contrast to the first survey where learning support staff were available in over three-quarters of colleges and just over half of LEAs.

**Question: What other kinds of support are available to your learners with mental health difficulties?**

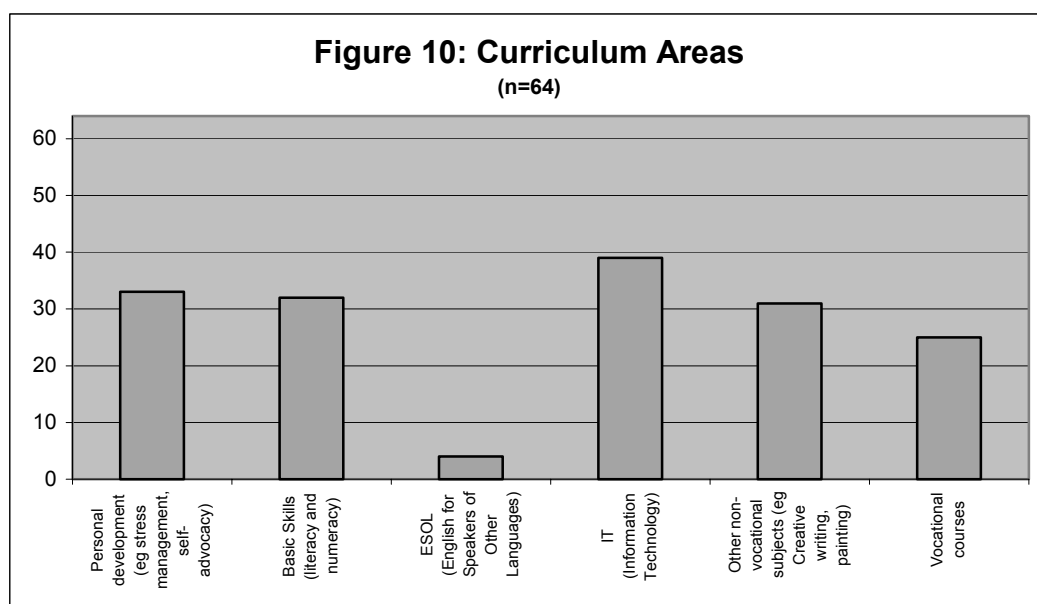
Providers' comments:

*We use an informal "buddy" system so that learners who are new to an existing group are made to feel welcome and part of the group.*

*We try to ensure that SOMEONE provides the necessary support – the training providers, another agency or ourselves.*

## 8. Curriculum, outcomes and progression

Adults with mental health difficulties should be able to access a curriculum to meet their individual needs and interests, either in discrete provision or by being supported on mainstream courses. As Fig. 10 indicates, learners with organisations providing education and/or training for work are most likely to be on Information Technology (thirty-nine), personal development (thirty-three) or basic skills courses (thirty-two). All the WEAs were offering IT, personal development and non-vocational courses.



Although the findings for vocational courses are lower than might be expected since this survey focused partly on training for work provision, IT and basic skills course may also be relevant for people with mental health difficulties looking to find or return to employment.

There are a number of possible reasons for the prevalence of basic skills courses. Although some people who develop mental health difficulties have university degrees or other qualifications, others will have had disrupted schooling due to mental health difficulties in childhood or adolescence. As a result they may not have acquired a sufficient grounding in basic skills to enable them to enrol on other courses. Experience also suggests that some people with mental health difficulties already have basic skills but lack self-confidence so they choose to enrol on basic skills courses because they find the tutors receptive and welcoming while also appreciating the chance to be in an adult environment. It may also be that assumptions are made about the level of basic skills among adults with mental health difficulties. This needs further investigation.

Providers were asked which outcomes they used to measure progress (see below). Compared with the survey of colleges and LEAs, these providers were more focused on outcomes related to moving into open employment (half compared with a third of colleges and quarter of LEAs), and undertaking unpaid work experience or volunteering (over half compared with a third of colleges and a third of LEAs). This is partly because the second survey included more ‘training for work’ providers but may also relate to the fact that they have stronger links with employment-related organisations. It may reflect the stronger focus on employment, rather than education, in mental health services.

Although we could have asked about other outcomes such as “learning a new skill” or “learning more about a particular subject”, we were also interested in finding out about the broader outcomes of learning for people with mental health difficulties which can enable them to make changes in different areas of their lives. Furthermore, outcomes can be interchangeable: learning a new skill, for example, can enhance self-esteem (i.e. improve mental health) and can lead to a more independent lifestyle.

| <b>Outcomes</b>  | <b>Organisations providing education and/or training for work<br/>(n = 64)</b> |
|--|--|
| Starting volunteering or unpaid work experience            | 38   |
| Improved mental health                                     | 38   |
| Moving from discrete to mainstream further/adult education | 31   |
| Starting/retaining open employment                         | 30   |
| Starting/retaining sheltered employment                    | 26   |
| More independent lifestyle                                 | 26   |

These findings are interesting and reflect a recognition of the wider benefits of participation for adults with mental health difficulties. However, further research into how providers record outcomes such as improved mental health or a more independent lifestyle would be useful and subsequent findings may have implications for mental health service providers. Furthermore, though providers may be measuring outcomes such as moving into or retaining employment, the findings cannot tell us how many learners do make the transition from education to

employment. It is particularly interesting that in this survey which includes training for work providers, that starting voluntary or unpaid work experience is used as an outcome measure more frequently than starting/retaining open employment or starting/retaining sheltered employment. This probably reflects the difficulties associated with supporting people to gain open employment and the dearth of supported employment placements. This is an area that requires further investigation.

**Question: Do you use any of the following outcomes to measure progress?  
Please specify other methods.**

Providers' comments:

*Although all the above [in the questionnaire] are relevant, we explicitly measure participation rather than outcome.*

*We use our own set of outcomes measures that cover a range of areas.*

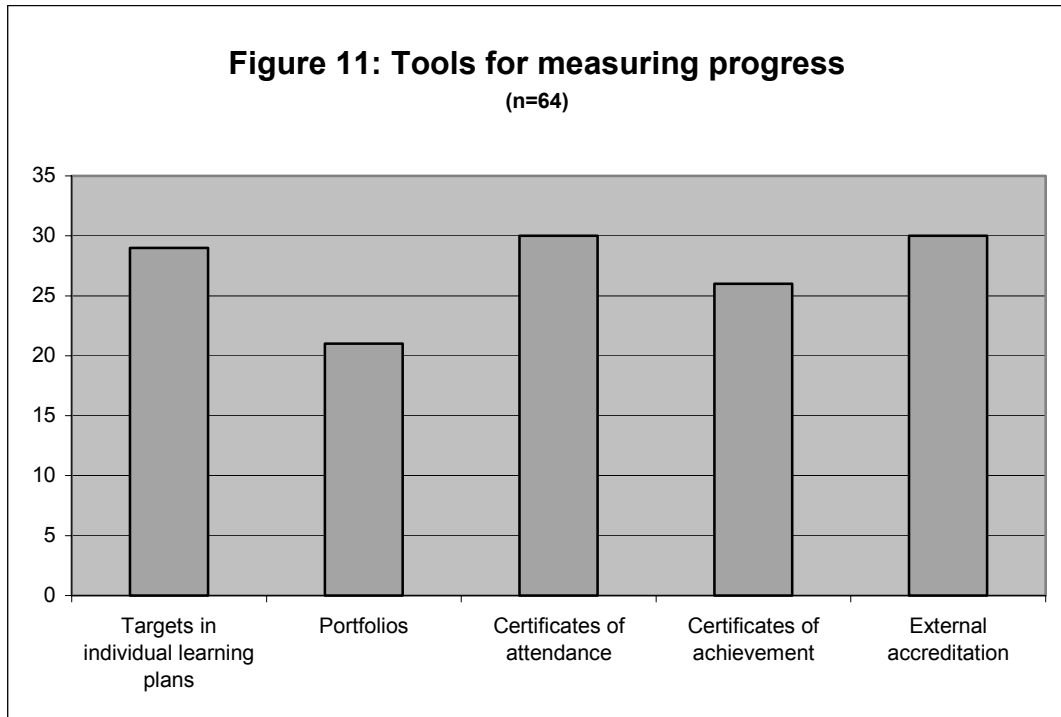
*Using public transport, undertaking permitted (?) work, becoming a voluntary buddy within the project.*

*All courses are evaluated. Participants identify how the course has helped them.*

*We aim to measure progress by whatever client/service user wants to gain. Will support them in what they wish to do (i.e. work/study).*

*Moving onto targeted courses on another subject or studying the same subject at a higher level, attending targeted courses at an unfamiliar venue (i.e.) making a positive choice to pursue their learning rather than taking part in a course because it happens to be going on in your centre/drop in.*

Providers were also asked how they formally recognised and recorded learners' progress – i.e. what tools were used to record the kind of outcomes described above. Some, but not all, relate to formal accreditation, and it seems likely that external accreditation (e.g. OCN) has become more widely used since the 1996 survey. As Figure 11 indicates, there are no significant variations between the various tools used to measure progress, although these organisations are less likely than colleges and LEAs to use targets in individual learning plans and external accreditation.



**Question: How are learners progress recognised and measured?**

Providers' comments:

*We are working towards more individualised learning plans, which modify our learning outcomes process to make it more personal. We have taken part in two pilot schemes to find the best ways of doing this.*

*Action plans. Regular feedback. Monitoring group working on a 'Distance Travelled' strategy.*

*One learner nominated and shortlisted for Volunteer of the Year award.*

## 9. Funding of provision

Funding mechanisms have undergone considerable changes since the 1996 survey and providers were asked to list *all* their current funding sources which were as follows:

| Sources of funding                                    | Organisations providing education and/or training for work<br>(n = 64) |
|---|--|
| Mental Health Trusts, Primary Care or other NHS Trust | 19   |
| LSC   | 18   |
| Social Service Departments                            | 18   |
| European Community                                    | 13   |
| National Lottery Fund                                 | 8  |

|                                       |   |
|---------------------------------------|---|
| Joint Funding                         | 8 |
| ACLF                                  | 7 |
| Charitable Trust                      | 7 |
| Voluntary organisation                | 5 |
| LEA                                   | 4 |
| Mental Illness Specific Grant         | 4 |
| Health/Social Services pooled funding | 2 |

Given that the majority of providers in this second survey were in the voluntary sector, their patterns of funding differed markedly from colleges and LEAs. The funding which these organisations received was spread much more widely across a range of different sources. There was less frequent use of LSC funding, more funding by health services than by the LSC and significant use of European Community funding.

Providers were also asked to name their single biggest source of current funding. Nearly two-thirds replied to this question (although some mentioned more than one funder). Again, there were marked differences compared with colleges and LEAs. These organisations were much more likely to be receiving the majority of their funding from NHS Trusts and/or Social Service Departments, followed by the European Social Fund.

A question was added here which did not feature in the 1996 survey. Providers were asked to describe any “support in kind” they received in addition to their financial support: nearly a half were receiving some support in kind for their work, with seven organisations listed two or more sources of support. Most frequently cited were free staff training, use of premises and support for their staff.

**Question: Do you receive any support in kind for your provision for adults with mental health difficulties?**

Providers' comments:

*In kind match[ed] funding through using volunteer hours.*

*Outreach from local college, support from mental health staff, some free staff training.*

*Support staff from the community [and] residential home enable participants to take part in outdoor activities by joining them in the activity.*

*We provide free mental health awareness training to local college in return for free IT tutoring.*

*Free support from other mental health staff, and local colleges provide tutors with an understanding of mental health issues.*

*Payroll services through school finance officer. Partnership support/commitment from head teacher including public acknowledgement.*

*Secondment of training manager from Social Services.*

## 10. Staffing

The survey asked about designated posts for working with learners with mental health difficulties: twenty-five organisations providing education and/or training for work and two of the three WEAs had these posts.

Staff had access to a variety of training and development activities:

| <b>Activity</b>                        | <b>Organisations providing education and/or training for work (n = 64)</b> |
|--|--|
| External training events               | 38   |
| Supervision                            | 35   |
| In-house Training events               | 35   |
| Networking                             | 32   |
| External conferences                   | 28   |
| In-house briefing/information sessions | 26   |
| In-house conferences                   | 14   |
| Mentoring                              | 13   |

Supervision was more prevalent than in colleges and LEAs, which is likely to be because of their closer involvement with mental health or social services.

## 11. Partnerships

The survey asked providers whether their staff were in contact with any of the following agencies. As the table below indicates, for the organisations providing education and/or training for work, the partnership organisations most frequently mentioned were other voluntary organisations, followed by Mental Health and/or Primary Care Trusts, Social Services and mental health service user groups. For the WEAs, the findings were broadly similar.

| <b>Partnership organisation</b>   | <b>N = 64</b> |
|-----------------------------------|---------------|
| Other voluntary organisations     | 39            |
| Mental Health Trusts              | 35            |
| Social Services Department        | 34            |
| Mental health service user groups | 33            |
| Connexions / IAGs                 | 30            |
| GPs/Primary Care Teams            | 30            |

Providers were also asked whether the effectiveness of their provision could be strengthened by closer partnerships: thirty-eight of the sixty-four organisations

providing education and/or training for work (and all the WEAs) wanted stronger partnerships. Although many of them had already built up strong partnerships with other organisations, as these comments illustrate, this needs to continue, particularly in order to develop shared agendas for action.

**Question: Could the effectiveness of your provision be strengthened by closer partnership working with other agencies?**

Providers' comments:

*Although we have excellent partnerships at present, there is always room for improvement. We need to develop better partnerships with other local colleges.*

*Front line primary care workers: GPs, health visitors, district nurses, practice nurses, etc.*

*Mainstream education providers – understanding the needs of our client group and especially childcare and transport problems. We find it very hard to fit into existing boxes so tend to organise more flexible training locally.*

*Joint commissioning and funding of employment related projects would be essential to good practice development.*

*Better links with PCTs. Could extend the model of [county] Policy Group which brings together agencies interested in learning and mental health, to other parts of the District.*

*More local day centres – despite lots of phone calls they seem very difficult to pin down – every time we talk to them they say what a great idea it would be to have more groups here and then nothing ever happens.*

*It is difficult to access funding and support because education departments see us as “therapeutic learning”, and social care services do not fund education necessarily. It would be helpful to be able to share expertise that we have with colleges and other learning institutions.*

## **12. Providers' views**

### **Strengths and achievements**

Providers were asked to describe what they saw as the strengths and achievements of their provision.

Three-quarters of the organisations providing education and/or training for work and WEAs described their strengths and achievements. As their comments vividly illustrate, it is possible to identify some 'success factors':

- People with mental health difficulties are encouraged and empowered when providers involved them in decisions about how learning opportunities are planned and run.
- Learning opportunities are provided in the kinds of environments where people with mental health difficulties can feel welcomed and safe and so are enabled to learn.
- There is a flexible approach to support which meets their individual needs and takes account of the ways in which mental health difficulties can affect being able to learn.
- Provision enables people to learn – or re-learn – responding to their needs and aspirations; learning is relevant and enjoyable; and people’s achievements are celebrated.
- Creative and flexible approaches to providing learning opportunities can reach people with mental health difficulties in ways which more conventional education provision may be unable to.
- Learners with mental health difficulties can achieve and progress, and learning can be a stepping stone to many other changes in people’s lives including moves to mainstream learning, employment, volunteering or a more independent lifestyle.
- Tutors have the appropriate skills and knowledge to teach people with mental health difficulties, and they, together with other staff such as receptionists and canteen workers, offer a supportive and welcoming environment.
- It takes time and effort to build alliances with other organisations but strong partnerships are of central importance if provision is to be effective.

**Learner consultation and participation:**

*We encourage our members to take part in all aspects of running the centres.*

*Organisers and project workers involve members in planning provision.*

*We run a support group every month which is led by our clients.*

*As a co-operative we all have a strong sense of being a family.*

**Access to learning opportunities:**

*Provides a safe and welcoming place for people to gain confidence and be accepted.*

*Enabling people to start the process of learning in a very accessible way.*

*Providing a safe place to learn new skills and work-related planning for clients who would find mainstream colleges or training providers a daunting prospect.*

**Identifying and meeting learners' support needs:**

*Learning is provided on site where other support services are provided.*

*User-led, tailored, flexible support.*

**Curriculum content and delivery:**

*Able to offer a flexible curriculum.*

*Offer opportunities to have fun, and go through a pre-learning or re-learning process. Provides an experience of learning in-house where success is celebrated and people are not pressured.*

**Outcomes and progression:**

*The learning occurs mainly in a familiar setting initially and then the tutor will take learners over to college for second half of the course.*

*The learning packages are helping many people who have never progressed, achieve and start to believe in themselves. This has been from very basic courses to more demanding OCN, NVQ, etc.*

*We can provide an effective bridge between statutory services and independent living in the community, enabling people to get out of the mental health "loop".*

*There have been successes with returning to work, accessing full time education, volunteering, and significant improvements in quality of life.*

**Staffing:**

*We have a small but well qualified and trained staff team with a range of life experiences including 50% who have used mental health services.*

*All the staff, from receptionists, caretakers to canteen staff are very welcoming, supportive and helpful.*

*Tutors are gaining extensive experience in working with people with mental health problems – but teach on mainstream courses as well.*

**Partnerships:**

*Discrete provision is delivered through strong relationships with local partners.*

*Close relationship with Adult Learning and resource centres.*

*We have a lot of contact/networks with other employment/training service providers.*

**Individual and learner-centred approaches:**

*We consider members as individuals with individual needs, no matter what activities.*

**Flexible and responsive provision:**

*Good understanding by staff and volunteers of women's mental health issues.  
Learning provision is situated within comprehensive and holistic range of women's services.*

*We aim to fill the gap where people don't fit into conventional services.*

*Learning is at [learners'] own pace with time out for periods of ill-health and recruitment is ongoing throughout the year to maximise opportunities during well periods.*

**Inclusion and widening participation:**

*Provision is run according to a model of social inclusion where learners are taking part in a normal mainstream activity distinguished from other community learning only by the level of support available to them.*

*The centres are within and part of the community.*

## **Barriers and challenges**

Providers were asked to describe what they saw as the problems, challenges and barriers that they faced.

Nearly three-quarters of organisations providing education and/or training for work and all the WEAs identified a series of barriers and challenges encountered in their work which could contribute to an agenda for future action by both existing and future providers. This feedback in the questionnaires suggests the following issues need to be addressed:

- Provision for people with mental health difficulties can be set up for many different reasons but resulting provision can be patchy and uneven unless there is a more coherent response to meeting needs through long-term strategic planning and development.
- The prevalence of short-term, non-recurring funding means that organisations are continually having to engage in time-consuming searches for new sources of finance with the result that outcomes can be shaped or influenced by the demands of funders rather than the needs of learners.

- Funding arrangements can make it difficult to engage with learners whose fluctuating mental health difficulties often need a more flexible approach in relation to progression, support needs, size of the group etc.
- It can be difficult to find staff with the necessary experience and skills to teach people with mental health difficulties and existing staff may have insufficient opportunities for their own support, training and development.
- Successful collaborative working can be hampered by a lack of clarity regarding respective roles, differing priorities and working practices and the lack of a shared vision about learning opportunities for people with mental health difficulties.
- Inflexibility in the benefits system can create barriers for people with mental health difficulties who wish to move into paid employment on a part- or full-time basis.

### **Policies and plans**

*Provision is patchy and developed through historical and local opportunities, rather than planned across the district.*

*Imminent and urgent need to develop learning strategy and plan for the centre*

*Short-termism hinders effective project planning and development.*

### **Access to learning opportunities:**

*Problem with obtaining referrals from GPs.*

*Many people with mental health needs find it difficult to access mainstream courses. Although it is changing slowly, there are still more courses (e.g. computing) leading to accreditation rather than enabling people to learn at their own pace.*

### **Outcomes and progression:**

*Funders unable to cope with fluctuating state of clients with mental health problems, expect only steady onward progression. Do not fund anything but outcomes.*

*Creating meaningful learning ... that aims to act as a bridge into more mainstream learning is particularly difficult because of unrealistic high levels of gateway(?) courses in more formal surroundings.*

### **Funding:**

*Constantly chasing pots of money makes it difficult to strategically plan service delivery.*

*We do not have sufficient funding to meet demand.*

*Non-recurrent funding.*

*Social Services does not offer funding for education courses – the Learning and Skills Council will not fund education with a “therapeutic” element. This presents a funding dilemma!*

**Staffing:**

*Insufficient staff to develop education and training to an appropriate / desirable level.*

*[We] do not have a staff room to offload or discuss problems or share ideas.*

**Partnerships:**

*Development of our learning activities is hampered by difficulties with communication with the local college and their inability to be flexible with their admin requirements.*

*There is a need to move partnerships on from respective role of provider and host, to more effective, genuine and creative partnerships where both parties take responsibility for enabling learners to achieve and progress, and are clear as to their roles in that process.*

*Inconsistent awareness of our provision by local GPs.*

*Some of the partners who, particularly around potential funding, that we have been working with, have not come up with the goods, and one is left to one’s own resources and inventiveness and entrepreneurship.*

**Monitoring and evaluation:**

*Current national systems for more evaluation demand more staff resources and time.*

*There is a conflict between flexibility some learners need to attend and complete courses and gain qualifications and the needs and structure of the college and its processes e.g. minimum numbers of students, time-limited assessments etc.*

**Attitudes:**

*Challenges are still to be found in changing wider attitudes towards mental health, amongst employers in particular.*

*Stigma/discrimination around people working in mental health who have previously been / are service users.*

*Public opinion.*

**Lack of time:**

*Lack of time to access funding streams and to network to create more effective services.*

**Employment and benefits:**

*The biggest challenge which affects service users when thinking about employment as a realistic option ... is the inflexibility of the benefits system.*

*The benefits system is a barrier, along with the difference between the government's idea and employers' as to what constitutes part time work.*

*Negative impacts from the benefits system which penalise young people who work but only gain low pay.*

In describing “strengths and achievements”, “barriers and challenges”, different providers sometimes raised similar issues under one or other of these headings (e.g. learner consultation and participation; access to learning opportunities; curriculum content and delivery; outcomes and progressions; staffing; and partnerships). What one provider may see as an achievement is a barrier or challenge to another. This may reflect varying degrees of expertise and experience among learning providers, but it may also relate to other factors such as the level of commitment and support from senior managers or the presence of designated staff. Further research would help us understand why some providers seem to succeed in some areas of development while others do not. However, the similarities between the two lists would also suggest that there are shared agendas for adult learning providers which could be addressed by sharing positive practice, providing mutual support and problem-solving. This could be the legitimate basis for development within the regions.

**In conclusion ...**

Some very encouraging findings have emerged from this survey. Since the 1996 mapping exercise, new provision continues to be developed for adults with mental health difficulties in a variety of settings, enabling learners to access a curriculum to meet their particular needs and aspirations and support them in a flexible and responsive manner. A decade or so ago it was seen as a major achievement when providers set up discrete provision for adults with mental health difficulties. Now we can celebrate when learners move on to use mainstream provision. As some survey participants pointed out, the challenge is now to develop ways of supporting more learners to use mainstream provision, while ensuring their success and achievement.

Both the surveys will help us to identify key issues for future agendas, shape future good practice and provide valuable guidance for providers starting to develop their provision for adults with mental health difficulties. And as the final part of the survey suggests – there is much to celebrate but still much to be done in the future if

educational opportunities are to promote real social inclusion and individual well being.

This report sets out the main findings from the survey, but many organisations also wrote further about their experiences, providing us with a wealth of qualitative evidence which we hope to publish at some future point.

Providers were asked whether they wanted any future involvement with the NIACE/NIMHE partnership project and their response was very encouraging: forty-six of the sixty-four organisations providing education and/or training for work and all the WEAs said they want to be kept in touch, and thirty of those organisations and two of the WEAs who responded to the questionnaire expressed an interest in joining a regional network. When this report is circulated, we hope they will become actively involved with their partners in mental health services.

## **The next stage**

The second stage of the NIACE.NIMHE partnership project has been to set up Regional Networks in each of the eight NIMHE Regional Development Centres. These networks present a wonderful opportunity for us to build on the findings of this research, in order to develop more accessible and inclusive adult learning provision for people with mental health difficulties.

## **Acknowledgements**

We would like to thank Alison Wertheimer (NIACE Consultant), Susan Rees (NIACE) and Cinthya Beaman (NIACE) for their help with analysing the data and preparing this report.

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## Glossary

This includes terms used in this report and by those working in education, health and social care services. We have included them here because people working in those individual services don't always speak the same language!

ACLF: Adult and Community Learning Fund

DDA: Disability Discrimination Act (1995)

ESOL: English for Speakers of Other Languages

FE: Further Education

GNVQ: General National Vocational Qualification

IAG: Information, Advice and Guidance (Networks of Providers)

IT: Information Technology

LEA: Local Education Authority

LSA: Learning Support Assistant

LSC: Learning and Skills Council

NSF: National Service Framework

NVQ: National Vocational Framework

OCN: Open College Network

PCT: Primary Care Trust

SSD: Social Services Department

## Further information:

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## **Annexe 1: List of survey participants**

Special thanks to InterAct (Bridges to Education) in Chelmsford, Essex for piloting the questionnaire and to the following organisations who completed and returned it.

### **East Midlands**

Derby City Adult Learning Service  
Derby MIND, Rosehill Club  
Erewash Mental Health Association Ltd, Notts.  
Freeway (Mental Health Matters), Derbyshire  
SPAN, Nottinghamshire Healthcare NHS Trust  
Work in Progress, Leicester

### **Eastern Region**

Castle Project, Print Finishing, Cambridge  
East Suffolk MIND  
InterAct, Chelmsford  
Uttlesford MIND  
A Piece of Mind, Heacham, Norfolk  
A Piece of Mind Resource Centre, King's Lynn  
Cambridge MIND  
West Norfolk MIND, Downham Market  
Rethink, Chelmsford  
Harlow Centre for Voluntary Support, Harlow  
Realise my Potential, Swaffham MIND  
\*Maldon and District Council for Voluntary Service  
\*Bridges to Work - Clacton

### **London Region**

Hillingdon MIND Enterprises  
Hammersmith and Fulham MIND  
Islington MIND  
MIND in Enfield  
The Personal Development Centre, West Hendon  
Spitalfields City Farm, East London  
Westminster MIND, Portugal Prints  
\*Manic Depression Fellowship  
\* Abbey Park Cemetery Trust

### **North East Region**

Redcar and Cleveland MIND  
CSV Mental Health Division, Newcastle  
MIND in Gateshead  
Calderdale Women's Centre, Halifax  
Sheffield MIND  
\*Hutton Centre, St Luke's Hospital, Middlesbrough  
\* Derwentside MIND

### **North West Region**

Bolton Association for Mental Health and associated drop-ins  
Chorley and South Ribble MIND  
Distress Awareness Training Agency, Oldham  
National Phobics Society, Hulme  
Wirral MIND  
Rochdale and District MIND  
Stockport MIND  
\*Distress Awareness Training, Oldham, Lancs  
\* Band Employment and Training Initiative, Bolton

### **South East Region**

Bromley MIND  
Brighton and Hove MIND  
The Bridges, Maidstone MIND  
Workability, Eastbourne, East Sussex  
Workability, Littlehampton, West Sussex  
Southampton and New Forest MIND  
Woking MIND  
Alton and District MIND  
\*Pavilion  
\*Reading Mental Health Resource Centre

### **South West**

Home-Start Sedgemoor  
Pentreath Ltd, Cornwall  
New Directions, Bridgwater  
Opportunities, Barnstaple  
The Bridge Project, Trowbridge  
Youth Enquiry Service, Plymouth  
All Seasons Club, Devizes  
Somerset County Council: Adult Learning and Leisure  
Mendip YMCA, Wells  
\*Workways, Exeter  
\*Somerset Partnership NHS and Social Care Trust  
\*Bath MIND

### **West Midlands**

Herefordshire MIND, LEAP Education Service  
Malvern MIND  
Mental Health Matters, Highgate, Birmingham  
Rugby MIND, Horizon Centre  
Solihull MIND  
Springfield MIND, Stratford upon Avon  
Workability, Erdington, Birmingham  
BITA Pathways, Digbeth, Birmingham  
Connexions, Birmingham and Solihull  
Droitwich and District MIND  
Frantz Fanon Centre for Mental Health, Edgbaston, Birmingham  
\* Clydesdale Centre, Stoke on Trent, Staffs

- \* Ashcombe Centre, Leek, Staffs
- \* Greenfield Mental Health Resource Centre, Tunstall, Staffs
- \* The Sutherland Centre, Dresden, Staffs
  
- \* Organisations who returned their questionnaires after the closing date:

## Annexe 2: THE QUESTIONNAIRE

|  |
|--|
| <p style="text-align: center;"><b>NIMHE/NIACE Mental Health Project<br/>Questionnaire for Organisations providing Education and/or<br/>Training for Work</b></p> |
|--|

**Name of Organisation:**

**Name of contact person:**

**Job / Title:**

**Address:**

**Tel. No:**

**Fax No:**

**E-mail:**

**Please return this form by 28 February 2003 to: Kathryn James, Project Manager, NIACE, 21 De Montfort Street, Leicester, LE1 7GE**

- |  |
|--|
| <ul style="list-style-type: none"><li>• <i>Mental health affects us all but the aim of this survey is to map provision that targets people who are or have been users of mental health services, or who may have mental health difficulties and be receiving support from primary care services.</i></li><li>• We have sent you this two-part questionnaire as we are very interested in learning about your LEA's experiences of making provision for learners with mental health difficulties.</li><li>• Information from Part 1 will help us to build a national picture of existing provision.</li><li>• We hope you will also complete Part 2 so that we can learn at first hand about the issues arising in your work with this group of learners.</li><li>• Please complete as much of the questionnaire as you can, even if you can't complete every question.</li><li>• If there is insufficient space for any of your answers, please attach additional pages.</li><li>• Even if you're not currently making any targeted provision for learners with mental health difficulties, we would still like to hear from you, so please return the questionnaire anyway.</li></ul> |
|--|

**PART 1**

**POLICIES, PLANS AND CURRENT PROVISION**

**Q1a Does your organisation make targeted provision for learners with mental health difficulties? (Please circle)**

Yes / No

**Q1b If 'Yes', when did you start making this provision?**

**Q1c Approximately how many adults with mental health difficulties are currently enrolled on your courses or are being supported to use mainstream provision?**

**Q2a What steps are your organisation taking to anticipate and plan for meeting the likely needs of adult learners with mental health difficulties, as required by the Disability Discrimination Act 1995 (Part 4) and associated Code of Practice? Please describe:**

**Q2b Are you aware of Standard 1 of the National Service Framework for Mental Health which addresses mental health promotion and combats the discrimination and social exclusion associated with mental health problems, with educational establishments seen as key partners? (Please circle)**

Yes/No

**Q3a Does your organisation's strategic plan refer specifically to people with mental health difficulties? (Please circle)**

Yes / No

**Q3b If 'No', will your future plans refer to this group of learners? (Please circle)**

Yes / No

**Q4 Do you have other written policies or guidance relating to learners with mental health difficulties? (Please circle)**

Yes (*please enclose copies*) / No

**Q5a Are you currently planning any new provision for adults with mental health difficulties? (Please circle)**

Yes / No

**Q5b If 'Yes', will this involve discrete provision or do you also plan to make provision across the curriculum? Please describe:**

**LEARNER CONSULTATION AND PARTICIPATION**

**Q6a Are learners involved in developing and delivering provision for adults with mental health difficulties in any of the following ways?**

- a Contributing to the development of policies, plans and guidance
- b Contributing to leaflets, posters or other publicity materials

- c Planning the content of courses and how they are run
- d Participating in outreach visits (e.g. to day centres) to recruit new learners
- e Helping to run taster sessions
- f Contributing to staff training and development
- g Providing feedback on existing provision
- h Feedback to senior management teams
- i Speaking/presenting at external events (e.g. conferences)
- j Participating in research, surveys etc.
- k Other (please describe below)

**Q6b Do learners with mental health difficulties participate in one or more of the above activities by?**

- a Taking part in groups
- b Having one to one sessions
- c Completing questionnaires
- d Other (please describe below)

|   |
|---|
| <b>RECRUITMENT, GUIDANCE AND ASSESSMENT</b> |
|---|

**Q7a Does your organisation actively seek to recruit learners with mental health difficulties? (Please circle)**

Yes / No

**Q7b If 'Yes', does your organisation encourage adults with mental health difficulties to access your provision through?**

- a Targeted publicity (e.g. posters, leaflets, advertising in local media)
- b Making links with local mental health services (e.g. mail shots, inter-agency meetings)
- c Meetings between Organisation staff and mental health service users (e.g. at drop-ins)
- d Existing learners meeting with other mental health service users
- e Taster sessions and courses
- f Special assessment and enrolment arrangements
- g Pre-course visits
- h Other (please describe)

**Q8 Does your organisation also seek to identify learners with mental health difficulties?**

- a By encouraging self-identification before/at enrolment
- b Through referral sources (e.g. day centres)
- c At the guidance interview
- d At an additional support needs interview
- e By tutors or other Organisation staff referring existing students
- f Other (please describe below)

**Q9a Do you make provision which targets any of the following groups of people with mental health difficulties:**

- a Adults from Black and minority ethnic groups
- b Young people (aged 14-19)
- c Adults resettled from long-stay psychiatric hospitals

- d Women
- e Older people
- f People with learning disabilities
- g People with physical disabilities
- h People with sensory impairments
- i People ab/using drugs and/or alcohol
- j Homeless people
- k Other (please describe below)

**Q9b Do you make provision which targets individuals who have or are recovering from severe mental health difficulties, through the following services:**

- a Day hospitals
- b Hospital in-patient services
- c Day centres
- d Supported accommodation
- e Community mental health teams
- f Regional secure units
- g Other (please describe below)

|                             |
|-----------------------------|
| <b>SUPPORT FOR LEARNERS</b> |
|-----------------------------|

**Q10a How do you identify the support needs of learners with mental health difficulties before enrolment? Please describe below:**

**Q10b Do learners with mental health difficulties have individual support plans before their course starts? (Please circle)**

Yes / No

**Q11 Which of the following kinds of support are available to your learners with mental health difficulties:**

- a (Pre-course) briefing of tutors
- b Support in the classroom (e.g. from an LSA)
- c Additional tutor support
- d Additional tutorial time
- e Guidance and counselling
- f General student counselling service
- g Support/transport for getting to the course
- h NHS support (e.g. keyworker, community psychiatric nurse)
- i Social work support
- j Drop-ins (off-course support)
- k Peer support groups
- l Mentoring
- m Other (please specify below)

**Q12 Which of the following people and/or agencies currently provides this support:**

- a LEA teaching staff
- b LEA learning support staff
- c LEA guidance staff

- d LEA's designated mental health support staff
- e Volunteers / befrienders / buddies
- f Social Services
- g Voluntary organisation
- h Mental health service users group
- i Telephone helplines
- j NHS Trusts, including Mental Health Trusts and Primary Care Trusts
- k Private mental health service providers
- l Other (please specify below)

## CURRICULUM, ACCREDITATION AND PROGRESSION

**Q13 Does your targeted provision for adults with mental health difficulties include any of the following courses?**

- a Personal development (e.g. stress management, self-advocacy)
- b Basic skills (literacy and numeracy)
- c ESOL
- d IT
- e Other non-vocational subjects (e.g. creative writing)
- f Vocational courses (e.g. NVQ, GNVQ)
- g Other (please describe below)

**Q14 Do you use any of the following outcomes to measure progress?**

- a Moving from discrete to mainstream adult/community learning provision
- b Moving from adult/community learning provision to higher education
- c Starting or retaining full- or part-time sheltered employment
- d Starting or retaining full- or part-time paid open employment
- e Starting unpaid employment (volunteering or work experience)
- f Achieving a more independent lifestyle (e.g. moving to own house/flat)
- g Improved mental health (e.g. social skills, confidence, self-esteem)
- h Other (please specify below)

**Q15 Is learners' progress recognised and measured in any of the following ways?**

- a Targets in individual learning plans
- b Portfolios
- c Certificates of attendance
- d Certificates of achievement
- e External accreditation (e.g. OCN)
- f Other (please describe below)

## FUNDING

**Q16a Are you currently funded for your provision for learners with mental health difficulties from any of these sources?**

- a Learning and Skills Council
- b Local Education Authority
- c Adult and Community Learning Fund (ACLF)
- d Social Services
- e Mental Illness Specific Grant

- f Mental Health, Primary Care (or other) NHS Trust
- g Health and Social Services pooled funding (Health Act 2000)
- h Voluntary organisation
- i Charitable trust
- j National Lottery Fund
- k European Community
- l City Challenge
- m Joint Funding
- n Other (please describe below)

**Q16b Which of the above is your single biggest funder? Please describe below.**

**Q16c Do you receive any support in kind for your provision for adults with mental health difficulties (e.g. free use of premises, support or supervision from mental health staff, free training)? Please describe:**

|   |
|---|
| <b>STAFFING, STAFF SUPPORT AND TRAINING</b> |
|---|

**Q17 Is there a designated member of your organisation's staff responsible for learners with mental health difficulties? (Please circle)**

Yes / No

**Q18 Approximately how many staff in your organisation are currently working with adults with mental health difficulties:**

- a teaching staff:
- b guidance staff:
- c support staff:
- d other (please specify below)

**Q19 Which of the following support, training and development opportunities focusing on work with learners with mental health difficulties are available to your staff:**

- a Supervision
- b In-house training events (e.g. workshops)
- c In-house conferences
- d External training events
- e External conferences
- f In-house briefing/information sessions
- g Mentoring
- h Networking (e.g. for mutual support / information exchange)
- i Other (please describe below)

|  |
|--|
| <b>PARTNERSHIP WORKING WITH OTHER AGENCIES</b> |
|--|

**Q20a Is your organisation's staff in contact with any of the following agencies regarding learners with mental health difficulties?**

- a FE colleges
- b Connexions / IAGs
- c Social Services Department

- d Mental Health and Primary Care Trusts
- e Primary care teams/GP practices
- f Voluntary organisations
- g Mental health user groups
- h Private mental health service providers
- i Other (please specify below)

**Q20b Does your contact with other agencies include any of the following?**

- a Multi-agency networks/networking
- b Regular meetings
- c Telephone contact
- d Shared staff training/development
- e Liaison about referrals
- f Liaison about support
- g Co-tutoring or other co-working
- h Supervision for specialist staff
- i Contributing to learners' care planning meetings and reviews
- j Other (please describe below)

**Q21 Have your organisation's staff been involved with drawing up any of the following strategic plans:**

- a Joint Investment Plans
- b Community Plans
- c Health Improvement Plans
- d Other (please specify below)

**Q22a Could the effectiveness of your provision be strengthened by closer partnership working with other agencies? (Please circle)**

Yes / No

**Q22b If Yes, please specify which agencies:**

**Part 2**

We would like to hear from you about what you consider to be the strengths and achievements of your provision for learners with mental health difficulties as well as the challenges and barriers you face. Your experience can help us to identify key issues for future agendas and will provide valuable guidance to providers who are planning to develop their learning opportunities for adults with mental health difficulties.

**Q23 Please describe what you see as the strengths and achievements of your provision.**

**Q24 Please describe what you see as the problems, challenges and barriers you are currently facing.**

**Would you like to be kept in touch with the project? (Please circle)**

Yes/No

**Would you be interested in joining a Regional Network? (Please circle)**

Yes/No

**We may want to explore in more detail some of the issues raised in this survey by visiting your provision and talking to staff and learners. Would you be willing for one of the project staff to visit you? (Please circle)**

Yes/No

**Are you aware of any other learning opportunities in your area, for adults with mental health difficulties? Can you give us contact details?**

**Thank you very much for taking the time to complete this questionnaire!**