

**NIACE/NIMHE
Partnership Project**

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

**Report of a National Postal Survey of Colleges of
Further Education and Local Authority Adult
Education Services**

March 2004



*National Institute for
Mental Health in England*

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Key findings

In partnership with the National Institute of Mental Health in England (NIMHE), the National Institute of Adult Continuing Education (NIACE) has conducted a national postal survey of all Colleges of Further Education and Local Authority Adult Education Services in England to ascertain the level of provision for adults with mental health difficulties. The questionnaire was sent to 406 Colleges of Further Education and 153 Local Education Authorities. Responses were received from 182 colleges and 72 LEAs, giving a response rate of 45.5%. This report summarises the findings.

- Approximately 2/3 of the colleges and LEAs who responded to the survey are making targeted provision for adults with mental health difficulties. While this has provided useful information there are still gaps in our knowledge in understanding the exact size of the access gap. Further follow-up of non-respondents would be useful.
- 35% of colleges and 45% of LEAs have set up their provision since 1997 suggesting that policy drivers such as the Tomlinson Report (1996) and the Kennedy Report (1997) may have triggered an increase in provision. Given the work currently being undertaken by the Social Exclusion Unit on mental health and social exclusion and the cross-governmental recommendations arising from this work, there is a need to ensure that education providers are supported to implement any forthcoming policy recommendations.
- Encouragingly, over half the learning providers who responded to the questionnaire were planning to set up new provision or develop existing provision. This includes setting up discrete provision specifically for adults with mental health difficulties as well as supporting learners on mainstream courses. As well as this growth in a variety of learning opportunities, the research also shows there is a broad spectrum of curriculum on offer, though the prevalence of basic skills provision needs some investigation. There is increasing use of accreditation and though providers clearly recognise other outcomes as measures of achievement, it is still unclear how they are doing this and how many learners are achieving and progressing.
- About three-quarters of learning providers (78% of colleges and 71% of LEAs) described one or more ways in which they intended to respond to the Disability Discrimination Act (1995) with respect to learners with mental health difficulties. Though there are relatively few providers who encourage self-identification and disclosure, and given that many providers regard 'undiagnosed'/unidentified learners as a challenge, there is perhaps a need to support providers to create environments in which learners feel safe for disclosure of mental health needs and to be more anticipatory in meeting learners needs.
- In contrast, less than half (42% of colleges and 40% of LEAs) were even aware of the National Service Framework for Mental Health, which suggests that there is a need to explore ways in which adult education providers can contribute to local mental health promotion, and that better strategic partnership would enable education providers to help mental health services deliver the National Service Framework.
- Learner consultation and participation is becoming more widely facilitated with nearly one in five colleges and LEAs involving learners in the development of

policies and plans. Some excellent examples exist of learners being involved in research, training, recruitment programme development and dissemination. This has not only resulted in learners gaining qualifications and paid employment but also has contributed greatly to enabling education providers to develop responsive and inclusive learning opportunities.

- The Learning and Skills Council is the main funder of learning provision for adults with mental health difficulties, although provision is also supported 'in kind' by mental health service providers in a variety of ways.
- Well over half the respondents to the survey are working in partnership with Mental Health Trusts, Social Services Departments and voluntary organisations. However, less than a third of respondents were working in partnership with GPs and Primary Care Teams even though the majority of people receive support for their mental health difficulties through primary care services. Furthermore, two-thirds think their provision could be strengthened by closer partnerships. Clearly this is an area for greater development.
- Colleges and LEAs were asked to describe their strengths and achievements as well as the barriers and challenges to providing learning opportunities for adults with mental health difficulties. There are many similarities between the two lists which perhaps reflects the shared agenda of learning providers but also the differing levels of 'expertise' in setting up and managing appropriate learning provision for adults with mental health difficulties. It would suggest that while there is much common ground for the sharing of good practice there are also many aspects of this area of work that still challenges providers and act as barriers to developing and increasing access to education for adults with mental health difficulties.

The next stage

The findings from this main summary report have been distilled into regional reports which will be disseminated through NIMHE's Regional Development Centres. We hope that these local 'snapshots' of provision will be used by adult learning providers and mental health service providers to identify positive practice in their area, add further information about local provision and take action to fill gaps in provision.

A further national questionnaire survey of voluntary organisations providing education and/or training for people with mental health difficulties has also been carried out and the findings will shortly be available, adding to the national picture we are building up.

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 educational provision for adults 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 the project has been a national postal survey of all Colleges of Further Education and Local Authority Adult Education Services in England and this report summarises the findings.

The survey repeats a similar exercise carried out in 1996 in England and Wales by FEDA (the Further Education Development Agency, now the Learning and Skills Development Agency) and NIACE. Some of these findings, together with case studies of 21 providers, were published in *Images of Possibility* (Wertheimer, 1997)

A further national questionnaire survey of voluntary organisations providing education and/or training for work for people with mental health difficulties has been carried out in 2003 and another report summarising its findings will shortly be available, adding to the national picture we are building up.

Mental health and adult learning: the survey

The survey provides an invaluable snapshot of existing provision made by colleges and local education authorities, and provides a satisfactory start to our mapping exercise. However, collating the findings from all the questionnaires has not been without its difficulties. To increase the response rate (see below), questionnaires were re-circulated to non-respondents after the first deadline and many replies were received by and beyond this second deadline. These have now been added to the survey findings, changing the data from the original draft report.

Some providers have not responded. A few contacted us to say that they were unable to complete the questionnaire because of lack of time and their current workload. With others, it is of course impossible to be clear as to why they did not respond. It may be that some providers are not making any targeted provision for adults with mental health difficulties, but it may also be possible that some providers have provision but the questionnaires failed to reach the right person for completion. We still welcome contact from such providers.

Some providers also sent in multiple responses, reflecting the range and diversity of provision across local education authorities and even colleges. Where this has happened, we have counted them as individual responses.

Our original intention was to repeat the 1996 FEDA/NIACE survey (see above), so in order to introduce a comparative element we had to use an almost identical questionnaire. It was later found that the 1996 set of data was no longer available, so “then and now” comparisons in this report are limited. Despite this, we have been able to start building a good picture of current provision for adults with mental health difficulties.

Findings from both surveys will help us to identify patterns of provision at a regional level and individual regional reports, summarising local provision, are being disseminated through NIMHE’s Regional Development Centres. We very much hope that adult learning providers and mental health service providers will use these local “snapshots” to identify

positive practice in their area, add further information about local provision, and take action to fill gaps in provision. This will enable us to obtain a fuller picture of current learning opportunities for adults with mental health difficulties.

This report separates out the findings from colleges and LEAs, but not particularly for comparative purposes. Although there are some interesting differences in the ways providers work, overall there are many similarities.

This partnership project represents a major step forward in building a national picture of current provision and there is enormous potential for further developments. We hope that learners, practitioners, managers, funders and policy-makers will use this research 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

The survey carried out by NIACE and NIMHE aimed to:

- ascertain whether provision for people with mental health difficulties is more widely available and accessible than in 1996;
- identify examples of positive practice; and
- identify gaps in existing provision.

Questionnaires were sent to 406 Colleges of Further Education and 153 Local Education Authorities (LEAs). By 30 June 2003, responses had been received from 182 Colleges and 72 LEAs, giving an overall response rate of 45.5%. Where percentages have been given throughout the report they are a percentage of the number of questionnaires received, that is, a percentage of 182 for colleges and 72 for LEAs. The percentages given in the report are based on the total number of questionnaires received (ie 182 from colleges and 72 from LEAs). This is a considerably higher response rate than the earlier survey and NIMHE and NIACE would like to thank everyone who participated. Annexe 1 lists the Colleges and LEAs who returned the questionnaire.

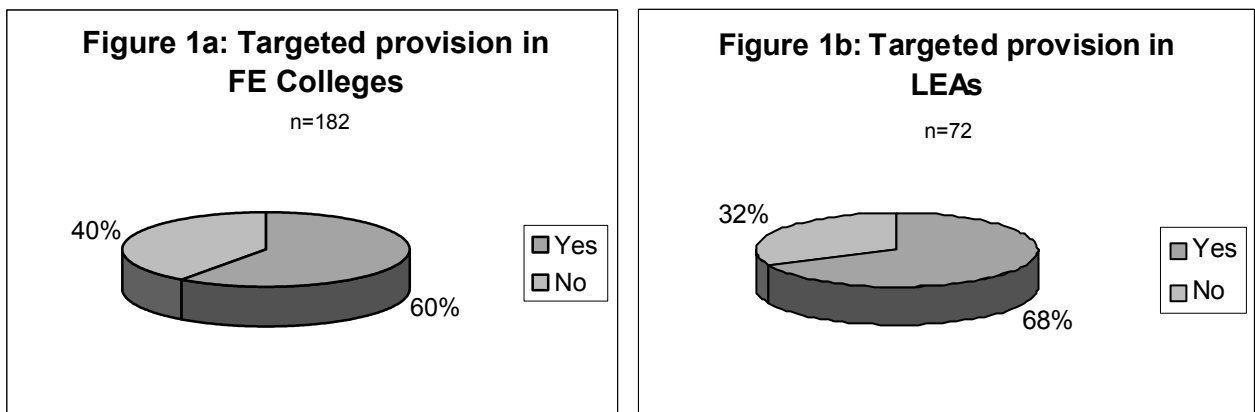
The findings

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; and
- providers' views: barriers and challenges.

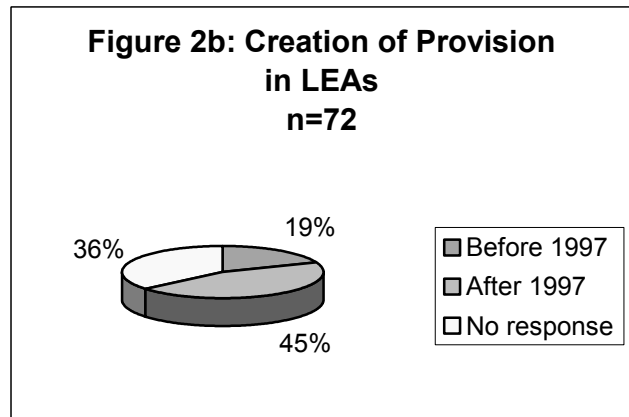
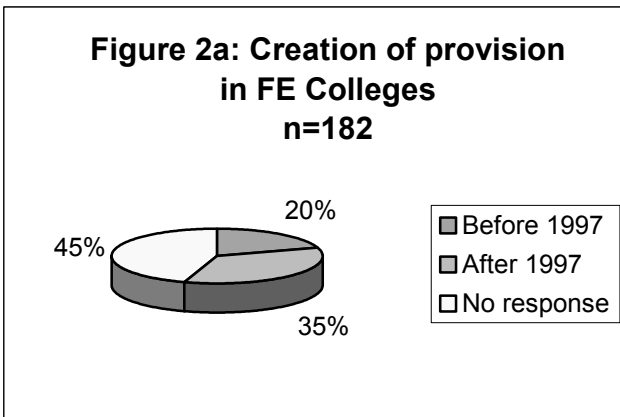
This report also includes comments which survey participants wrote in their questionnaires.

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. From Figs. 1a and 1b we can see that 60% of colleges and 68% of LEAs were making targeted provision for adult learners 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

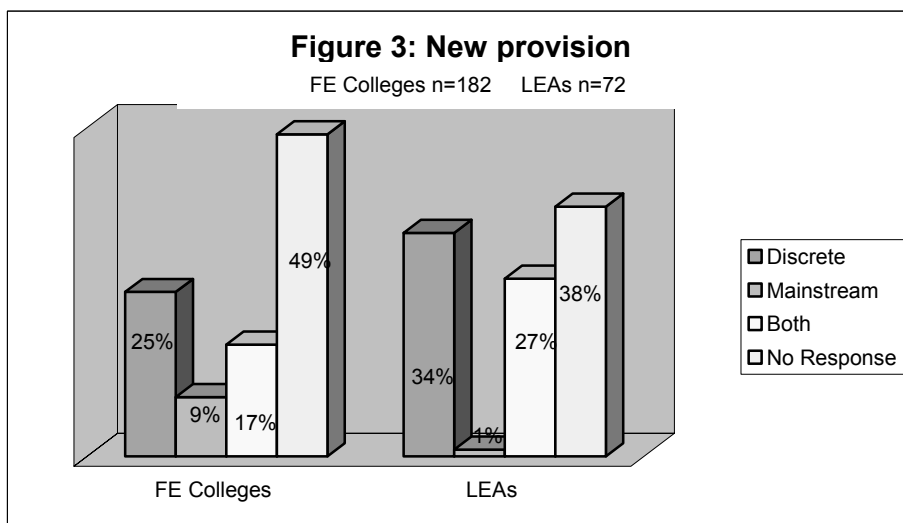


Our findings suggest that most provision has been set up since 1997, from Figs. 2a and 2b we can see that 35% of colleges and 45% of LEAs have set up their provision since 1997. Although the reasons for this are unclear, recent policy initiatives and legislative changes may have triggered this welcome increase, by encouraging under-represented and excluded groups such as adults with mental health difficulties to participate in learning opportunities. This is important in light of the current Social Exclusion Unit work on mental health and social exclusion and the resulting cross-government recommendations. Support needs to be in place to help education providers implement those policy recommendations.

2. Plans for new provision

Providers were asked about whether they planned to make 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 to meet the needs of adults with mental health difficulties and only recruit learners with mental health needs on to them.



The data suggests that the tendency is for providers to respond to the need of learners with mental health difficulties by setting up discrete provision. As Fig. 3 indicates, 25% of colleges will be setting up discrete provision, 9% will be supporting learners on

mainstream courses and 17% will be doing both; 49% indicated they were not planning any new provision or did not reply to the question. 34% of LEAs were planning to set up discrete provision, 1% will support learners on mainstream courses and 27% will be doing both; 38% indicated they were not planning any new provision or did not reply to the question.

Discrete provision is valuable, because some people with mental health difficulties will not feel able to enrol directly onto mainstream courses and people need to be in a learning environment that is conducive to their learning. However, it is encouraging that some providers are not only planning to develop discrete provision, but will also support learners to progress from there to mainstream courses. Adults with mental health needs should be enabled to access whatever opportunity is appropriate and that they wish to attend.

Providers were asked whether they were currently planning any new provision for adults with mental health difficulties.

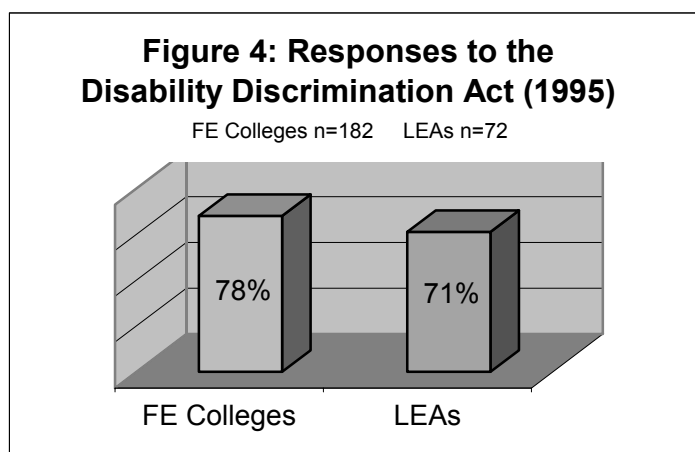
Providers' comments:

Mostly discrete provision but with more emphasis on progression into mainstream provision. (College)

We are devising a community framework for these learners which provides IAG followed by tasters of subjects in mainstream provision... [We] will still offer first step provision in discrete provision for those who are not yet ready for mainstream. (LEA)

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 needs as required by the Disability Discrimination Act 1995 (Part 4) and Code of Practice.



One would hope that learning providers are taking the necessary steps to ensure compliance with the Act and as Fig.4 indicates 78% of colleges and 71% of LEAs described one or more ways in which they were responding to the Act's requirements.

Providers were asked 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.

Providers' comments:

Revised disability statement; training for summer 2003 for managers and enrolment staff on implications of DDA Part 4, especially disclosure issues; and training on mental health awareness for 2003-2004 for tutors. (LEA)

Greater opportunities for disclosure, increased learner support, access to learning funds, greater publicity to encourage more inclusive learning. (LEA)

DDA Part 4 co-ordinating group is addressing all aspects of the Act. An audit is to be carried out on all policies, procedures, practice and premises. (College)

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). Rather disappointingly, only 42% of colleges and 40% of LEAs are aware of Standard One. However, the establishment of regional multi-agency networks will provide an opportunity for mental health service providers and education providers to explore ways in which they can contribute to local mental health promotion.

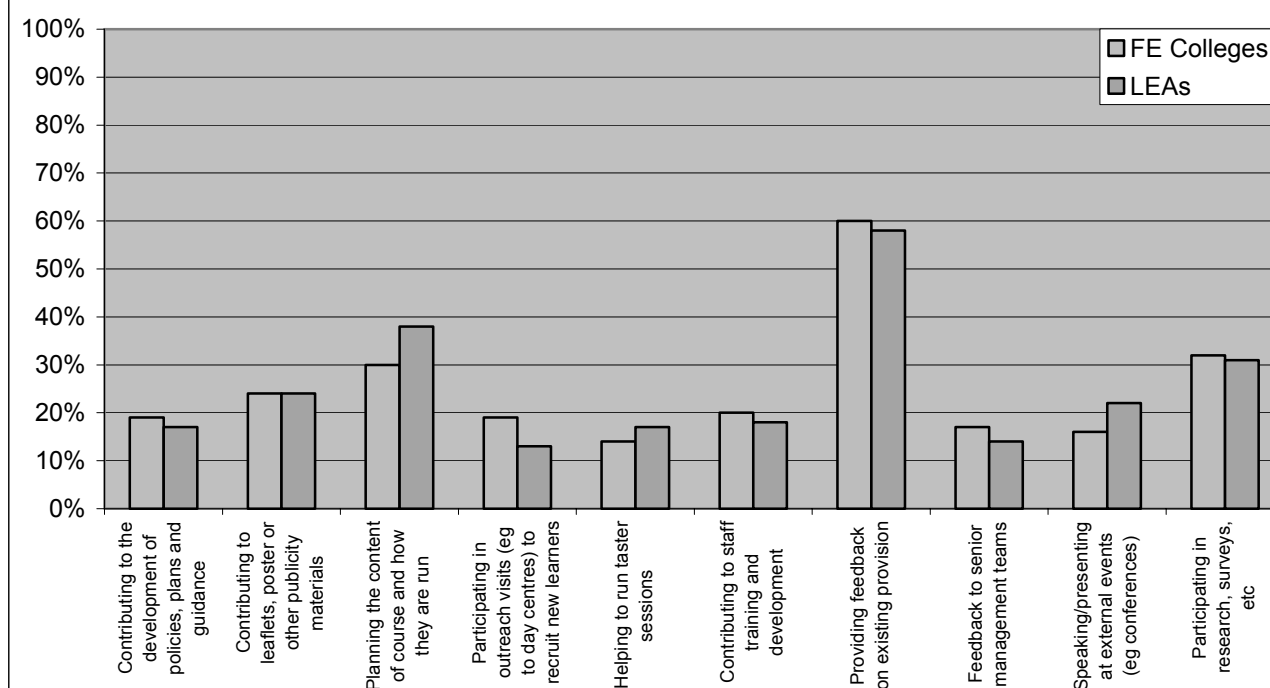
Learning opportunities for adults with mental health difficulties should be addressed in education providers' strategic plans (Wertheimer 1997), but disappointingly, the survey found that only 24% of colleges and 43% of LEAs had done so. Putting this area of work into the organisations strategic plan gives it a greater visibility and it increases the likelihood that it becomes part of the providers overall plan for growth and development. More encouragingly, though, a further 25% of colleges and 25% of LEAs were planning to include this group of learners in their future plans. Again, the regional networks may provide opportunities to address this issue, perhaps by ensuring that education features in Joint Investment Plans and other community care plans, or by education providers joining 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, the views and voices of particular groups of learners need to be heard and responded to. The survey asked providers how they involved and consulted learners with mental health difficulties. Whereas the 1996 survey found that learners were "rarely involved" in contributing to policies and plans, this had increased to nearly one in five colleges and LEAs in 2003. It appears that learner consultation in general is becoming more widely facilitated.

Figure 5: Learner consultation and participation

FE Colleges n=182 LEAs n=72



The survey also asked providers what strategies they used to consult with and involve learners. The most popular strategy is using questionnaires, followed by groups and one-to-one meetings, with the first being more frequently used (perhaps because it is easier to organise and more confidential).

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 an increasingly articulate network of mental health service users speaking out on a range of issues. We hope that regional networks will provide a forum for providers to discuss and explore additional and different ways of consulting with users.

Providers were asked how they involved learners in developing and delivering provision for adults with mental health difficulties.

Providers' comments:

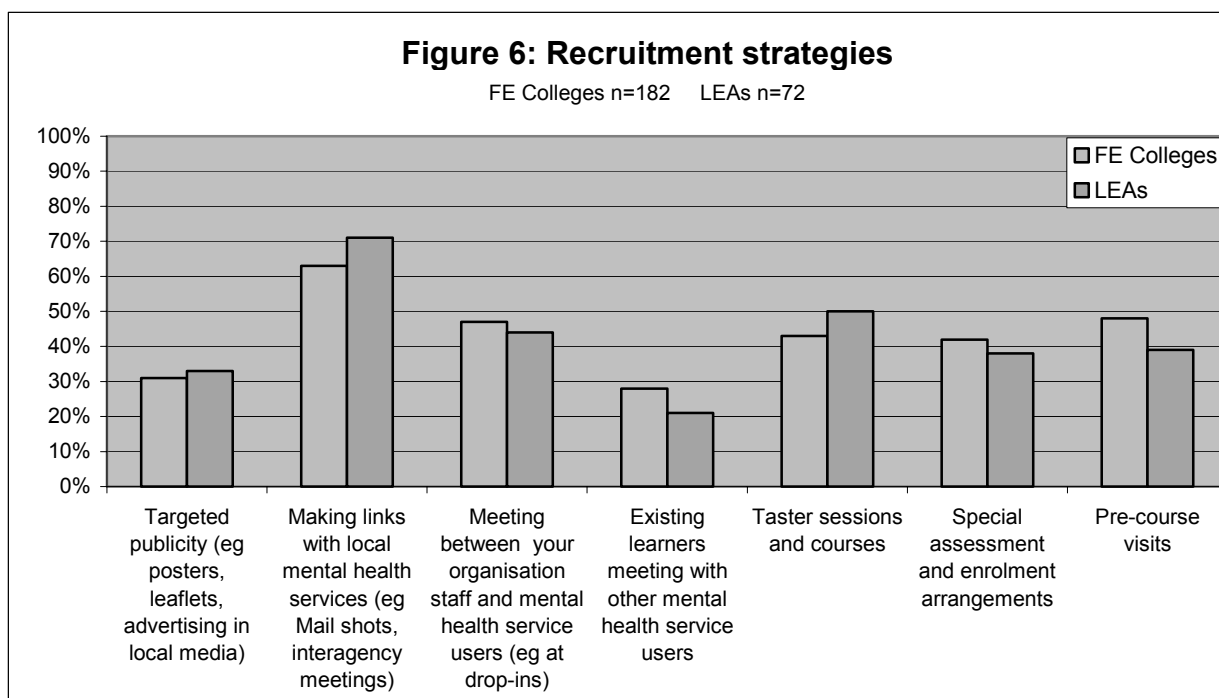
Users participate in planning the content of courses and in one case a couple of service users have gone on to become trainers after successfully completing the initial training. (College)

Service users are paid to visit hospital wards and day hospitals to promote [the] service and provide information. (LEA)

5. Accessing learning opportunities

Providers were asked whether they actively sought to recruit learners with mental health needs and if so, how they encouraged them to use their provision: 60% of colleges and

68% of LEAs reported that they were actively recruiting this group of learners and described their recruitment strategies.



Forging links with local mental health services is one of the most popular recruitment strategies, followed by taster sessions and courses, education providers meeting with mental health service users, pre-course visits and special enrolment arrangements.

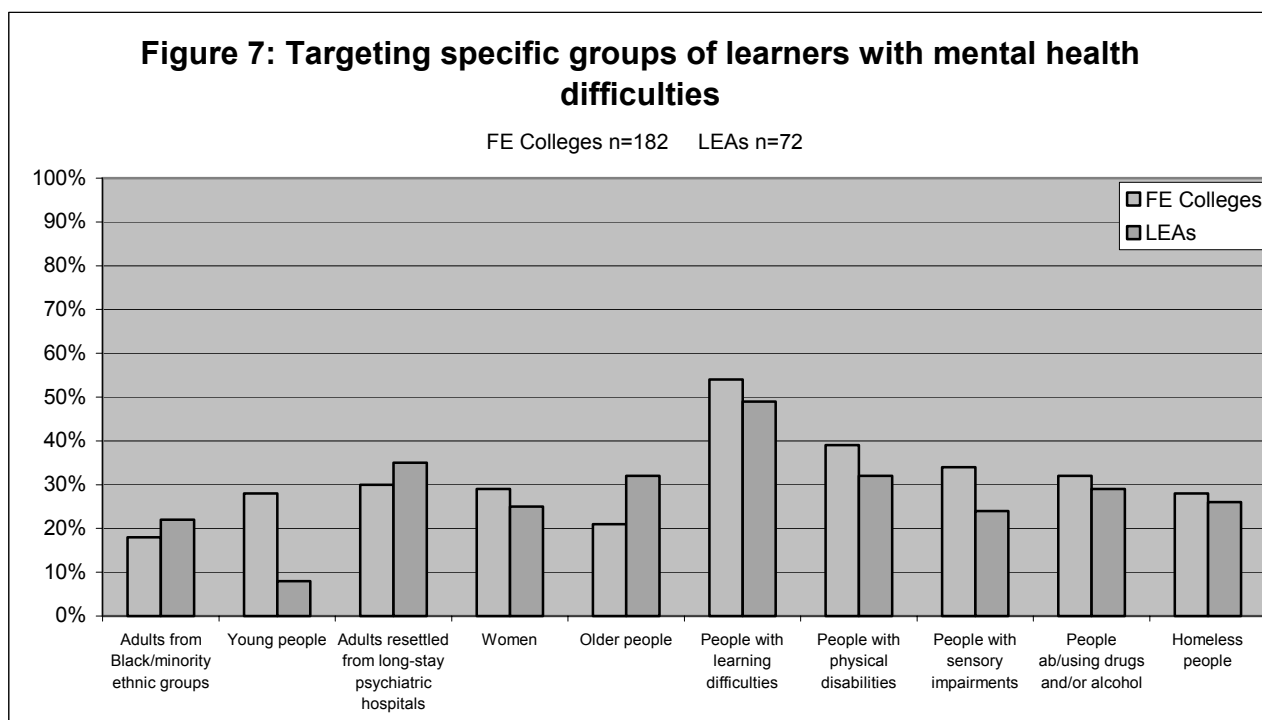
Providers were asked whether they identified learners with mental health needs by encouraging self-identification before or at enrolment, through referral sources, at additional support needs interviews and guidance interviews or by staff referring existing learners. Between 64% and 77% of colleges used these strategies, although LEAs were less likely to do so (using between 33% and 57%).

6. Targeting specific groups of learners with mental health difficulties

Adults with mental health difficulties are a diverse group of learners and we were interested to find out whether education providers were making 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 people using 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 colleges and LEAs 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 hope that the regional networks will take the opportunity to check out some of this information as we

know there *is* some specialised provision (e.g. for young people or for women) for those who may not choose to use general mental health provision.



In terms of targeting specific mental health services, providers were more likely to be working with community mental health teams (52% of colleges and 47% of LEAs) and day centres (51% of colleges and 54% of LEAs). They were less likely to be working with hospital in-patient services (22% of colleges and 28% of LEAs) and regional secure units (13% of colleges and 11% of LEAs). How education providers can work more effectively with hospital in-patient services, including forensic services, and with regional secure units deserves greater attention.

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.

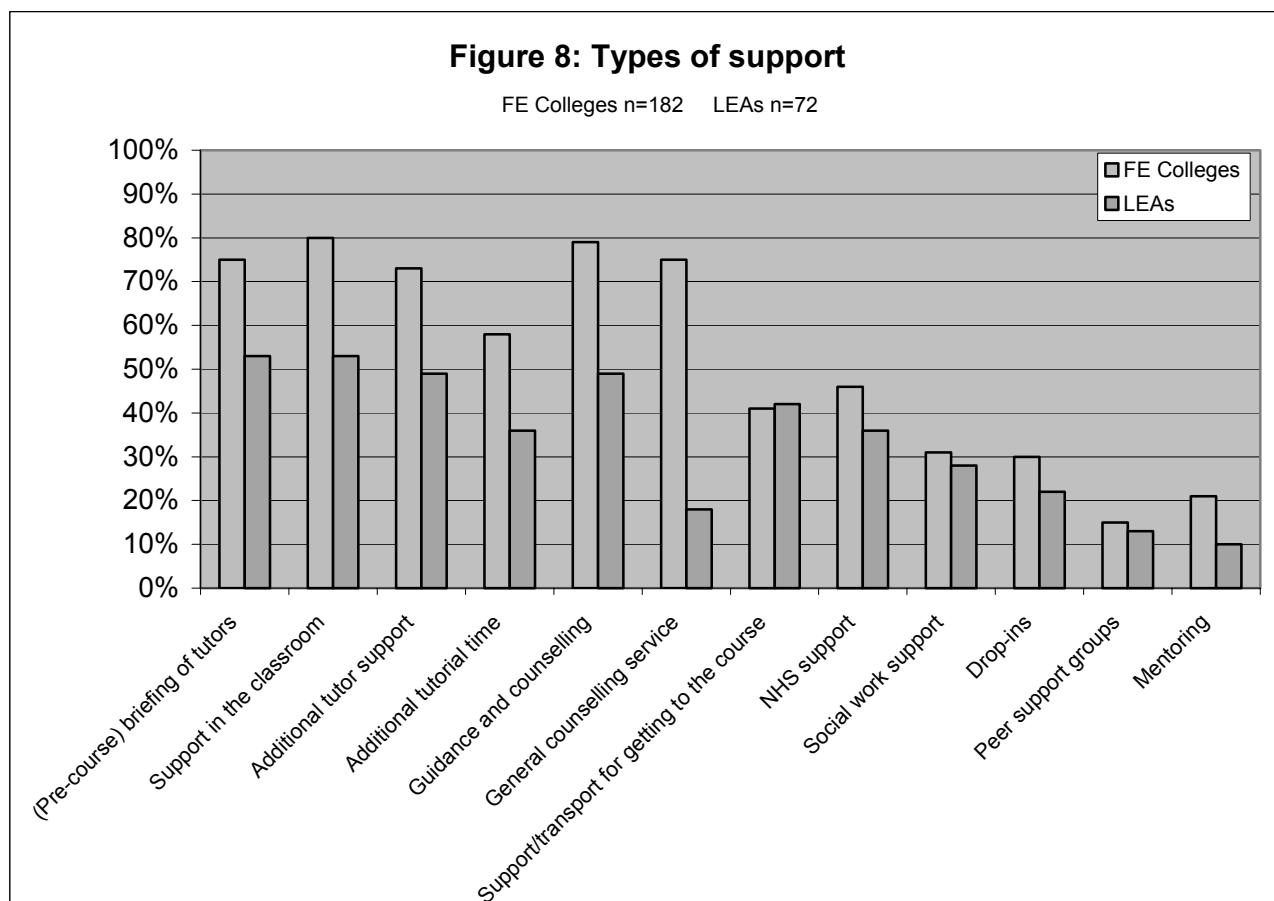
Learner support needs were most commonly identified through initial assessment and guidance (55% of colleges and 19% of LEAs), encouraging self-identification (5% of colleges and 6% of LEAs) and referral from mental health services (10% of colleges and 0% LEAs). 15% of colleges and 49% of LEAs use two or more ways of identifying learning support needs. No response was received from 15% of colleges and 26% of LEAs.

Providers were asked to describe how they identified the support needs of learners with mental health difficulties before enrolment.

Providers' comments:

Offering an initial assessment meeting if a person feels they can cope with this, or meet for a cup of tea and chat. (LEA)

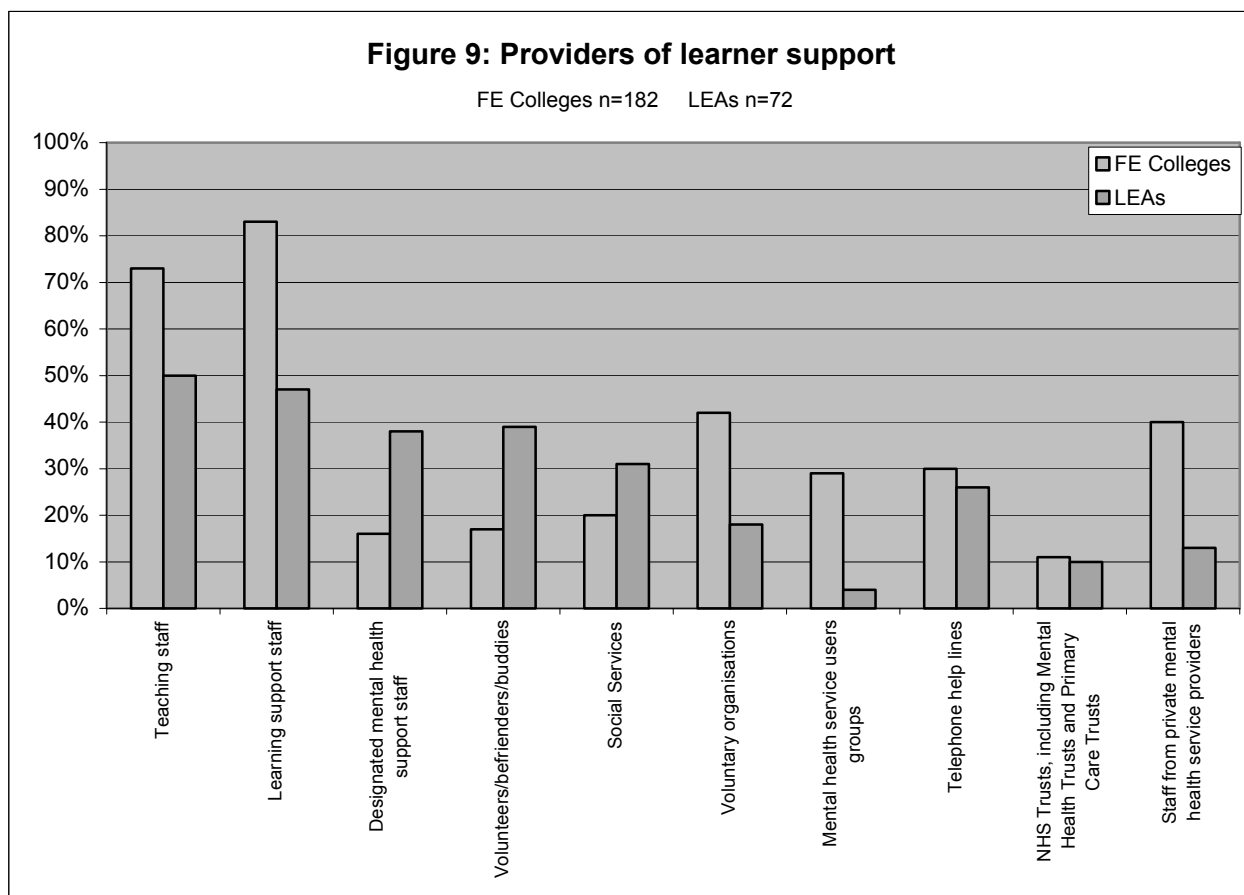
The application form asks students to identify if they have any additional needs. At interview stage, admissions tutors sensitively ask about needs following a prompt sheet. (College)



In trying to ascertain the types of support available to learners with mental health needs, it seems that there are some variations between colleges and LEAs (Fig 8). Learners with mental health difficulties were most likely to have the following types of support available: pre-course tutor briefing (75% of colleges and 53% of LEAs), classroom support (80% of colleges and 53% of LEAs), additional tutor support (73% of colleges and 49% of LEAs), additional time from tutors (58% of colleges and 36% of LEAs), guidance and counselling (79% of colleges and 49% of LEAs) and general student counselling (75% of colleges and 18% of LEAs). This may be a reflection of the different infra-structures that exist in FE colleges and LEAs that learners with mental health difficulties are able to access.

Overall the research findings on the support available to learners would suggest that where education providers are able to identify learning support needs because learners are referred through mental health services or because learners go through an initial assessment and guidance process, providers can put in place the required type of support, such as (pre-course) briefing of tutors or support in the classroom.

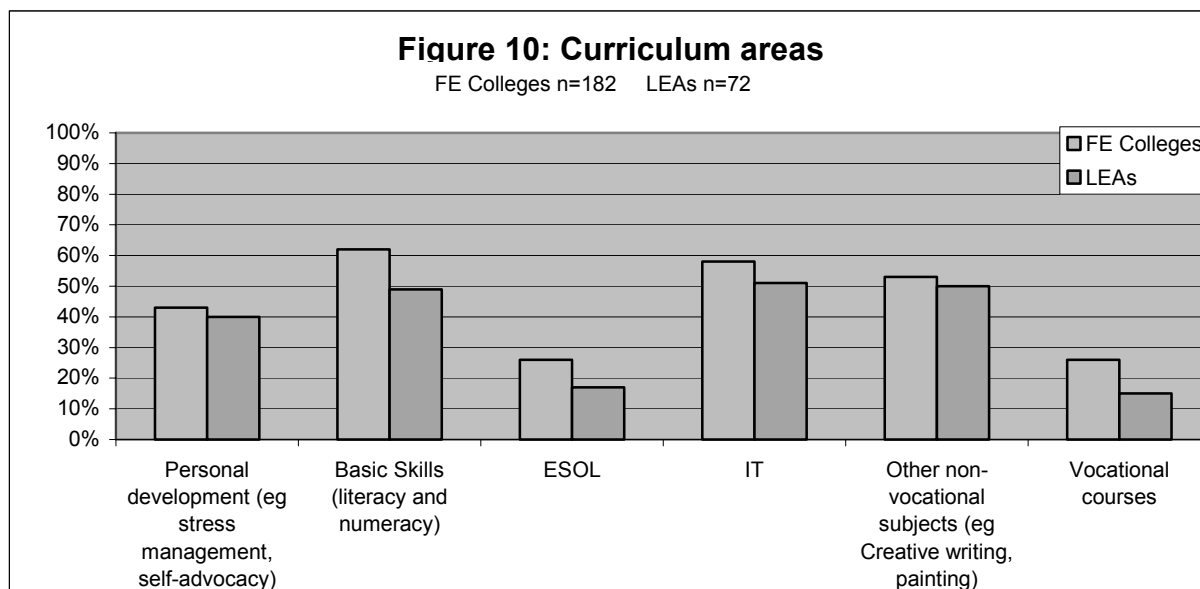
There are very few providers, however, who are encouraging self-identification. Later in the report you will see that providers highlight 'undiagnosed'/unidentified learners as a challenge in this area of work purely because the necessary learning support is not put into place for these learners. There is perhaps a need to support education providers to find ways to encourage self-identification and to be more anticipatory about the needs of this group of learners.



Again in trying to identify the source of support available to learners, it seems that there are also some variations between colleges and LEAs (Fig 9). Learners with mental health difficulties were most likely to be supported by the following: learning support staff (83% of colleges and 47% of LEAs), teaching staff (73% of colleges and 50% of LEAs), Social Services (42% of colleges and 31% of LEAs), voluntary organisations (29% of colleges and 31% of LEAs), health services (40% of colleges and 26% of LEAs) and mental health user groups (30% of colleges and 18% of LEAs). The greater use of designated mental health support staff and volunteers/befrienders/buddies in LEAs is interesting and required greater investigation, particularly in view of the data in figure 8 showing that LEAs have less reliance on general counselling services as a means of support.

8. Curriculum, outcomes and progression

Adults with mental health difficulties should be able to access a curriculum to match their individual needs and interests, in either discrete provision or by being supported on mainstream courses.



In looking at the types of courses available it seems that learners with mental health difficulties using targeted provision are most likely to be on basic skills, or IT, or non-vocational subjects, followed by personal development courses and ESOL. Although vocational courses were less common, this may be because learners wanting to access vocational courses are being supported to use mainstream rather than discrete/targeted provision.

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 their mental health difficulties in childhood and/or adolescence. As a result, they may not have acquired a sufficient grounding in basic skills 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 but also appreciate learning in an adult environment. It may be that assumptions are made about the level of basic skills needs among adults with mental health difficulties.

Providers were asked which outcomes they used to measure progress. Although we could have included in the questionnaire 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.

Outcome	FE Colleges	LEAs
Moving from discrete to mainstream further/adult education	60%	57%
Improved mental health	53%	49%
Moving to higher education	45%	26%
Starting volunteering or unpaid work experience	35%	32%
More independent lifestyle	35%	31%
Starting/retaining open employment	35%	26%
Starting/retaining sheltered employment	32%	17%

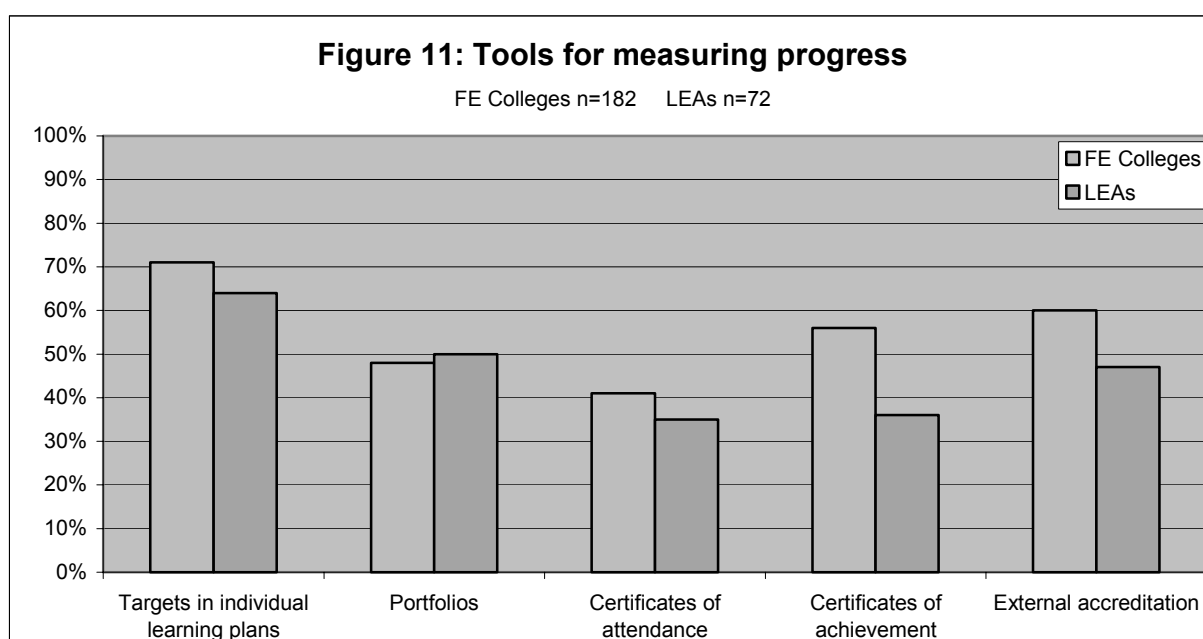
Providers were asked to describe other ways in which they measured progress.

Providers' comments:

Progress could be any of the above. Could also be things like turning up on time, staying for the whole session, feeling less nervous, more consistent attendance, doing another course. (College)

Progress within subject area (e.g. improved flexibility for yoga student). (College)

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 was undertaken.



These findings are interesting and reflect a recognition of the wider benefits of participating in learning for adults with mental health needs. 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. Again, this is an area that requires further investigation.

Providers were asked to describe ways in which learners progress was recognised and measured.

Providers comments:

We celebrate the handing out of certificates as significant events. (College)

9. Funding of provision

Funding mechanisms have undergone considerable changes since the 1996 survey. Providers were asked to identify all their current funding sources but they were also asked to identify their single biggest source of funding: not surprisingly, for 64% of colleges and 67% of LEAs, this was the LSC.

A question was added 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. Free use of premises was the most commonly cited resource (10% of colleges and 4% of LEAs). Other support mentioned included: staff support/supervision, training, volunteers, transport and materials, with 26% of colleges and 40% of LEAs receiving more than one type of support in kind. While these resources obviously contribute to existing provision, they can also provide opportunities for partnership working – e.g. accessing other agencies’ training programmes or receiving staff supervision or support.

Providers were asked whether they received any support in kind for their provision for adults with mental health difficulties.

Providers’ comments:

Contribution from staff at the [day] centre to equality and diversity training in mental health issues for college staff – teaching and support staff included. (College)

Beginning to develop good links with the PCT and taking advantage of any training. (College)

Good support in all areas by venue, support staff, opportunities for training etc. (LEA)

10. Staffing

The survey asked providers about designated posts for working with learners with mental health difficulties, overall staff numbers working with these learners, and staff training and development.

There are designated staff posts in 48% of colleges and 32% of LEAs, although some will have a broader remit than mental health. This conflicts with the data given in Fig 9 though this may be due to the differing roles of designated mental health staff, for example they have a managerial role, a guidance role or a learning support role.

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

Activity	FE Colleges	LEAs
External training events	68%	51%
Networking	51%	49%
External conferences	51%	39%
In-house Training events	52%	40%
In-house briefing/information sessions	42%	29%
Supervision	26%	24%
In-house conferences	21%	15%
Mentoring	18%	6%

Relatively few education staff had access to supervision, possibly because this is less prevalent than in health and social care. However, some education providers' staff are already receiving support and/or supervision from staff in mental health services and it may be possible to organise this more widely.

11. Partnerships

The survey asked providers about their contact with partner organisations. Those mentioned most frequently were:

Partnership Organisation	FE Colleges	LEAs
Mental Health Trusts	61%	61%
Social Services Department	53%	60%
Voluntary Organisations	50%	57%
Connexions/IAG	53%	39%
Mental Health service user groups	39%	46%
GPs/Primary care teams	37%	21%

The level of partnership working with Mental Health Trusts, Social Services Departments and Voluntary organisations is not surprising. However, there is a clear need to develop much stronger partnership links with GPs and Primary Care Teams since most people experiencing mental health difficulties will have their mental health care needs met through primary care services. Initiatives such as 'Prescriptions for Learning' (James 2004) could support this.

Providers were asked whether the effectiveness of their provision could be strengthened by closer partnerships and with which agencies they would like to work more closely: 62% of colleges and 65% of LEAs want stronger partnerships.

Providers were asked whether the effectiveness of their provision could be strengthened by closer partnership working with other agencies?

Providers' comments:

We would like to see an increased interest in learning provision from the health sector.
(LEA)

A genuine recognition and acknowledgement of the value of education for people with mental health needs and a commitment to proactive partnerships from the NHS Trust, Social Services and other statutory services will be a good beginning. (College)

Providers' views

We wanted to know what providers themselves thought were key developments and continuing concerns in their work. This part of the questionnaire asked providers what they thought were their strengths and achievements in this area of work and what were the barriers and challenges still facing them.

Strengths and achievements

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

79% of colleges and 71% of LEAs described their strengths and achievements which can be grouped under the following headings:

- learner consultation and participation;
- access to learning opportunities;
- identifying and meeting learners' support needs;
- curriculum content and delivery;
- outcomes and progression;
- staffing;
- partnerships;
- individual and learner-centred approaches;
- flexible and responsive provision; and
- inclusion and widening participation.

Providers' comments:

Curriculum design encourages self-empowerment and focuses on what learners want to learn. (LEA)

Excellent mailing list and means for promoting the programme. (College)

Strong referral links with variety of outside agencies. (College)

We provide a very effective support network which supports learners in all areas. (College)

Focusing on the learning programme rather than the additional learning need (don't look at mental health as a negative aspect). (College)

Majority of students use this college as springboard to a new life. (College)

Enables learners to challenge themselves and develop and learn new skills. It reminds them there is a world outside. (LEA)

This is a new area for us ... but very positive staff ethos/attitudes. (College)

Staff are becoming more aware of these learners. (College)

Our strong established relationships with agencies built over many years. (College)

Bringing agencies together – good networking and partnership working. (LEA)

Provision is user-led. Flexibility in what is provided, where and when. (College)

Three reserved places in all mainstream classes during enrolment for students with additional needs. Diversity of provision – discrete and inclusion into mainstream. (College)

We are able to attend to the wider issue of positive mental health as an issue that develops the quality of life and community development. (LEA).

Barriers and challenges

Providers were asked to describe what they saw as the problems, challenges and barriers that they face in this area of work.

76% of colleges and 78% of LEAs described barriers and challenges they encountered which can be grouped under the following headings:

- policies and plans;
- learner consultation and participation;
- access to learning opportunities;
- curriculum content and delivery;
- outcomes and progression;
- funding;
- staffing;
- partnerships;
- “undiagnosed” / unidentified learners;
- quality and monitoring procedures;
- attitudes; and
- (lack of) time and resources.

Providers' comments:

Small targeted provision needs to become more strategic. (LEA)

Need to integrate mental health into college policy. (College)

Lack of involvement of service users in developing policies/outreach/staff training/running taster sessions. (LEA)

Limited resources for outreach activity. (LEA)

Learning support very fragmented. All needs to be together, located together and speak regularly with each other about individual students. (College)

Too rigid college curriculum – lack of flexibility. (College)

Meeting the needs of undiagnosed students who receive no support from other agencies. (College)

Gaining trust of learners so they can express their learning needs. Lack of self-esteem among some potential learners. (LEA)

Accreditation of experience to ensure that social and emotional achievements are recognised along with more “academic” activity. (College)

Financial constraints in terms of delivering to small groups. (College)

Lack of continued funding inhibits the formation of a bridge between discrete provision and mainstream. (LEA)

Need for comprehensive staff training. (College)

Mainstream staff do not see it [mental health] as their issue. (LEA)

Hard to work with social services and some primary care as they do not see learning as a priority / potential for progression. (College)

Keeping networking with outside agencies ongoing – sometimes feels like it's all education-led. (College)

Lot of stigma associated with mental ill-health within the college and beyond. (College)

It's the usual problem – time! It not only takes a lot of effort to set up courses but, more importantly, to provide the support to keep learners on course. (College)

In describing their “strengths and achievements” and their “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 progression; staffing and partnerships). What one provider may see as an achievement, is a challenge or barrier 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 management or the presence of designated staff posts. 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. For example, 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 which meets their individual needs and aspirations and supports 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 many survey participants pointed out, the challenge now is to develop ways of supporting more learners on mainstream courses, while ensuring their success and achievement. It would also appear that learner consultation and involvement has greatly increased since 1996. More providers are consulting learners and gaining feedback on the existing provision and some providers are also involving learners in marketing, recruitment, research, development and dissemination. This is a trend that needs to be encouraged if we want to develop truly inclusive and responsive provision for adults with mental health needs.

There is also evidence of greater partnership working with a range of stakeholders. However, we cannot ignore the fact that nearly two-thirds of respondents to the questionnaire would welcome stronger partnerships and feel this would strengthen the effectiveness of their provision. Support to facilitate and develop good partnership working could be an area for further work through the Regional Networks.

The survey 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 learning opportunities are to promote real social inclusion and individual well being.

This report sets out the main findings from the survey, but many colleges and LEAs 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 it was very encouraging that 80% of colleges and 79% of LEAs want to be kept in touch. Furthermore, 61% of colleges and 58% of LEAs would like to join a regional network, and when this report is circulated, we hope they will become actively involved with their partners in mental health services.

As partners in this national project, together with the local partnerships which we hope will be strengthened through NIMHE's Regional Development Centres, we plan to take this work forward in order to encourage more inclusive learning opportunities for people with mental health difficulties.

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 educational provision for adults with mental health difficulties.

Acknowledgments

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 the 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 (Network 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 Qualification
OCN: Open College Network
PCT: Primary Care Trust
SSD: Social Services Department

Further information:

Kathryn James
Project Manager
NIACE
21 De Montfort Street
Leicester
LE1 7GE
Tel. 0116 2044 281
kathryn.james@niace.org.uk

Annexe 1 – List of Contributors

Special thanks to the following FE Colleges and LEA for help in piloting the questionnaire: Wigan and Leigh College, New College Nottingham and Lancashire County Council and thanks go to all the other colleges and LEAs who filled in the questionnaire.

Colleges

Accrington & Rossendale College
Aquinas College
Barton Peveril College
Bedford College
Bexley College
Bilborough College
Birkenhead Sixth Form College
Blackpool and The Fylde College
Blackpool Sixth Form College
Bolton Community College
Boston College
Bournville College of FE
Bracknell and Wokingham College
Bradford College
Bridgwater College
Brockenhurst College
Brooksby Melton College
Broxtowe College, Nottingham
Burnley College
Cadbury College Learning Centre
Calderdale College
Cannington College
Carmel College
Carshalton College
Chelmsford College
Chesterfield College
Chichester College
Cirencester College
City College Coventry
City Literary Institute
City of Bristol College
City of Wolverhampton College
Colchester Institute
College of Continuing Education (Walsall)
College of North East London
College of Richard Collyer in Horsham (Collyer's)
College of West Anglia
Co-operative College Trust
Craven College
Crawley College
Croydon
Derby College
Derwentside College
Dunstable College
East Berkshire College
East Devon College
Eccles College, 6th Form College
Epping Forest College
Exeter College
Fareham College
Farnborough College of Technology
Filton College
Fircroft College of Adult Education
Furness College
Gateway College
Gloucestershire College of Arts and Technology
Grantham College
Great Yarmouth College
Greenhead Sixth Form College
Greenwich Community College
Grimsby College
Halesowen College
Halton College
Hartlepool College of FE
Haywards Heath College
Henley College Coventry
Huddersfield Technical College
Hull College
Isle College
Isle Of Man College
Isle of Wight College
Itchen College
John Leggott College
Joseph Chamberlain Sixth Form College
Keighley College
Kendal College
Kidderminster College
King George V College
Kingston College
Lakes College, West Cumbria
Lambeth College
Lancaster and Morecambe College
Leeds College of Art and Design
Leicester College
Liverpool Community College
Loughborough College
Lowestoft College
Ludlow College
Macclesfield College
Merton College
Mid Cheshire College
Mid Kent College of Higher and Further Education
Middlesbrough College
Morley College
New bury College
New College Durham
New College Nottingham
New College, Pontefract
North Devon College
North East Worcestershire College
North Hertfordshire College
North Lincolnshire College
North Lindsey College
North Nottinghamshire College
North Warwickshire and Hinckley College
Northern College for Residential Adult Education
Oldham College
Orpington College
Oxford College of Further Education
Park Lane College
Paston College
Pershore Group of Colleges
Peter Symonds College
Plater College Oxford
Plumpton College
Plymouth College of Art and Design
Plymouth College of Further Education
Preston College
Prior Pursglove College
Queen Mary's College
Regent College
Richmond upon Thames College
Royal Forest of Dean College
Rugby College of Further Education
Ruskin College
Rycotewood College
Sandwell College
Scarborough Sixth Form College
SEEVIC College
Shipley College
Shrewsbury College of Art and Technology
Sir John Deane's College
Skelmersdale Colleges
Solihull Sixth Form College
Somerset College of Art and Technology
South Cheshire College
South Downs College
South East Essex College
South Nottingham College
South Thames College
Southgate, London
Southport College
Sparsholt College, Hampshire
St Brendan's Sixth Form College
St Francis Xavier College
St Helens College
St John Rigby RC Sixth Form College
St Vincent College, Gosport
Stamford College
Stephenson College
Stockport College of Further and Higher Education
Stoke on Trent College
Stourbridge College
Strode College
Stroud College of FE
Suffolk College
Sutton College of Learning for Adults
Swindon College
Taunton's College
Telford College of Arts & Technology
The Community College Shoreditch

The Oldham College
The People's College, Nottingham
The Sixth Form College
Colchester
Thomas Rotherham College
Tower Hamlets College
Tresham Institute of Further and
Higher Education

Truro College
Wakefield College
Warrington Collegiate Institute
Warwickshire College
West Cheshire College
West Kent College
West Nottinghamshire College
Weston College

Weymouth College
Wigan and Leigh College
Wirral Metropolitan College
Woking College
Woodhouse College
Worcester College of Technology
York College

LEAs

Bath and North East Somerset
Council
Birmingham City Council
Blackburn with Darwen Borough
Council
Blackpool Borough Council
Bolton Metro BC
Bournemouth Borough Council
Brent Adult and Community
Education Service
Bristol City Council
Buckinghamshire County Council
Bury Metropolitan Borough
Council
Calderdale Metropolitan Borough
Council
City of Bradford Metropolitan
District Council
City of York Council
Corporation of London
Coventry City Council
Derby City Council
Essex County Council
High Ridge Adult Education
Centre
Isle of Wight Council

Kirklees Metropolitan
Lancashire County Council
Leeds
Leicester City
Leicestershire
London Borough of Enfield
London Borough of Hammersmith
and Fulham
London Borough of Harrow
London Borough of Hounslow
London Borough of Southwark
London Borough of Waltham
Forest
Luton
Manchester
Middlesbrough
N Tyneside
Norfolk Adult Education Service
North Somerset LEA
North Yorkshire
Northant's County Council
Oldham Metro BC
Oxfordshire County Council
Reading Borough Council
Redbridge
Redcar and Cleveland

Slough
Somerset
Southend
Stoke-on-Trent
Suffolk (New Market)
Suffolk County Council
(Woodbridge)
Sunderland
Surrey Community Services
Thurrock Adult Community
College
Torbay Council
Tower Hamlets - Lifelong
Learning Service
Trafford
Wakefield Metropolitan District
Council
Warwickshire
West Berkshire
West Sussex
Westminster
Wokingham District Council
Wolverhampton
Worcestershire

Annexe 2: THE QUESTIONNAIRE

NIMHE/NIACE Mental Health Project Questionnaire for LEAs/Colleges

Name of LEA/College:

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

- ***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.***
- 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.
- Information from Part 1 will help us to build a national picture of existing provision.
- 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.
- Please complete as much of the questionnaire as you can, even if you can't complete every question.
- If there is insufficient space for any of your answers, please attach additional pages.
- 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.

PART 1

POLICIES, PLANS AND CURRENT PROVISION

Q1a Does your LEA/College 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 LEA/College 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 LEA's/College'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)

RECRUITMENT, GUIDANCE AND ASSESSMENT

Q7a Does your LEA/College actively seek to recruit learners with mental health difficulties? (Please circle)

Yes / No

Q7b If 'Yes', does your LEA/College 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 LEA/College 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 LEA/ 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 LEA/College 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)

SUPPORT FOR LEARNERS

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:

STAFFING, STAFF SUPPORT AND TRAINING

Q17 Is there a designated member of the LEA's/College's staff responsible for learners with mental health difficulties? (Please circle)

Yes / No

Q18 Approximately how many staff in your LEA/College 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)

PARTNERSHIP WORKING WITH OTHER AGENCIES
--

Q20a Are LEA/College 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 LEA/College 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!